- Locker assignments and locks will be issued by Cardinal Health. Personal locks are not allowed. Locks will be subject to inspection by Management at their discretion.
- Visitor's entering the distribution center should be asked to sign in on a Visitor's Log (Form #21), indicating their name, who they represent, time in, time out, and who they are visiting at the distribution center. Each visitor should wear a badge and must be escorted during their stay.
- Warehouse access is limited to employees who have full-time assignments that require their presence in the warehouse.
- Coats and pocketbooks are not allowed in the warehouse.
- Employees are to adhere to the posted access list for the cage and vault area.
- A Miscellaneous Security Log (Form #22) should be used to document any minor security-related incidents that occur but do not need to be explained in detail.

Security rules should be distributed to all employees and a signature obtained to document receipt.

Violence Prevention Procedures

The sign entitled Violence Prevention Procedures (Exhibit G) should be posted in conspicuous locations throughout the distribution center. These procedures should be reviewed with distribution center employees on a routine, periodic basis. It is paramount that all employees know exactly what to do in case they are confronted with a possible violent situation. Additional copies of these signs may be obtained through the Corporate Compliance Department.

Driver Security Rules

Drivers are required to adhere to the following security rules:

- Test all vehicle locks each day and immediately report defects to a supervisor.
- Keep all merchandise in the rear of the truck. Leave nothing in the cab.
- Secure the truck when making a delivery. Roll up all windows, lock all doors and take the keys with you.
- Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.
- Make it a habit to check your rear view mirror to see if you are being followed. If
 you suspect that you are being followed, obtain a description of the vehicle, the
 license number and the occupants. Proceed to the local police station; if this is not
 possible, proceed to your next stop and call the local police or the office.
- If you break down, stay with your truck. Leave only to call for assistance.
- Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.

12/28/99

Training Manual

10-3

FOIA Confidential Treatment Requested By Cardinal

- In the event of a robbery:
 - a. Offer no resistance.
 - b. Stay calm.
 - Be observant.

Driver security rules should be distributed to all drivers and a signature obtained to document receipt.

12/28/99

Training Manual

10-4

FOIA Confidential Treatment Requested By Cardinal

Test for Employees Handling Controlled Substances

Name	
Location	
Date	

January 12, 2000

Company Policy

Per the <u>DEA Compliance Manual</u>, anyone allowed unsupervised access to the cage or vault in order to pick controlled substances orders must complete the <u>Test for Employees Handling Controlled Substances</u> as well as the Post-Employment Security Data Information Sheet. The test and this form must then be submitted to the Corporate Compliance Department in Dublin, Ohio. Corporate Compliance will grade the test. Each individual must pass with a score no lower than 88%. If an employee does not pass the test, he/she must re-take the test at a later date and must obtain a passing score. The employee should be advised that prior to his or her working inside the controlled substance area, an in-depth background check will be performed. The results of this background check along with the individual's test score will be shared with the Distribution Center Manager. The background check must be performed prior the Distribution Center Manager assigning the employee to the controlled substance area.

Instructions

- 1. Complete the information requested on the cover page.
- 2. Answer all 33 questions completely.
- 3. Complete the form entitled "Post-Employment Security Data Information Sheet", which is included at the end of this test booklet. This form is utilized for the background investigation portion of this testing process. If this form is not completed in full, your authorization to work with controlled substances will be delayed.
- 4. Seal the booklet with the circle provided.
- 5. Return the test booklet to your supervisor or manager to be forwarded to the Corporate Compliance Department to be scored.
- 6. The Corporate Compliance Department will notify the Distribution Center Manager, in writing, of the test score results and completion of the background investigation. This notification memo should be maintained at the distribution center for audit purposes.
- 7. If you have any questions involving this test or the Company's written policy and procedure in regards to the handling of controlled substances, notify the Compliance Department at (614) 757-7109.

1)	There must be an authorized access list for	or both the cage and the vault?
	True	False
2)	DEA form 41 is used in the reporting of	•
3)	The DEA schedules Drug Wholesalers for	or inspection every:
	a) Yearb) 2 yearsc) 3 yearsd) They have no set schedule	
4)	Which color copy of the 222 Order Forms	s must be sent to the DEA each month?
	a) blueb) greenc) brownd) none of the above	
5)	You are allowed to ship controls and narco notifies you by phone of his new address.	otics to a customer who has moved as long as he
	True	False
6)	The DEA Form 106 is used for reporting substances.	of controlled
7)	The cage and vault must be inventoried at	a minimum of :
	 a) daily for items with movement b) weekly for items with movement c) monthly for all items d) a and c e) b and c 	
8)	You may fill a narcotic blank that has no	signature?
	True	False

9)	The proper schedules listed on the vas (fill in the blanks):	st majority of Narcotic Order Forms consist of Schedule
10)	An employee who has knowledge of d has an obligation to report such inform	drug diversion from his employer by a fellow employee nation to a responsible official of the company?
	True	False
11)	A Narcotic Blank (DEA form 222) is a issued.	good for days from the date it was
12)	DEA fines are calculated at \$	per violation.
13)	It is not necessary to have someone do the distribution center.	uble check your Narcotic Orders prior to them leaving
	True	False
14)	is the name computer tape at the end of each month	of the unit within the DEA that requires us to send a h.
15)	As a wholesale drug distributor govern Health is required to report suspicious	ed by the Drug Enforcement Administration, Cardinal or excessive purchases of controlled substances.
	True	False
16)	Possession, use, sale or purchase of any and is grounds for immediate terminati	y illegal drug on the job is contrary to company policy on.
	True	False
17)	In order to accept a Schedule II return fa narcotic blank to the customer.	from a customer, the distribution center must first issue
	True	False

18	What is a Contact sheet and when should it be used?
19	The day-gate doors to both the cage and the vault must be selfand selfaccording to Federal Regulations.
20) as) Controlled Substances may be left outside the approved controlled substances area overnight long as they are left in a locked roll-around cage.
	True False
21) DE) You may store other items inside the vault as long as you have written permission from the EA.
	TrueFalse
the	The rule book used by the DEA to enforce regulations on the drug wholesale industry goes by initials "C.F.R.". These initials stand for: The "Selected Item Audit Report" lists:
b) c)	All receipts of a controlled substance All sales of a controlled substance All controlled substance adjustments All transactions of a controlled substance
24)	It is Cardinal Health, Inc.'s policy to thoroughly discourage returns of scheduled narcotics.
	True False
25) An	How often should the report entitled "Ingredient Limits Report" or "Suspicious Order alysis" be generated at your Distribution Center?
b) c)	Daily Once a week Once a month Quarterly

26) Vault and Cage Morgue merchandise is dead inventory and does not need to be counted.		
True	False	
27) The responsibility of verifying a custor	ner license rests with:	
a) The DEAb) The Distribution Centerc) Corporate Headquartersd) Regional Headquarters		
28)You may sign a 222 narcotic order form	a if the customer gives you permission over the phone.	
True	False	
29) Cardinal Health, Inc. has a manual entitional answers to frequently asked questions about	tled <u>DEA Compliance Manual</u> which contains t controlled substance procedures.	
True	False	
30) List 5 things to look for when reviewing	g a 222 Narcotic Order Form:	
31) A customer calls your distribution cente blanks but to send the controlled substances Federal Regulations?	r and asks you to fill an order involving one of his to another location. Is this a violation of the Code of	
Yes	No	
32) It is advisable that you use white-out or Order Form) in case you make a mistake.	a pencil when working with DEA Form 222 (Narcotic	
True	False	
33) All visitors at your Distribution Center employee on the authorized access list?	entering the cage or vault area must be escorted by an	
True	False	

Thank you for completing this test on the handling of controlled substances. Please return this test to your supervisor. He/She will send the test the Cardinal Health, Inc. Corporate Compliance Department in Dublin, Ohio for grading. Your Distribution Center Manager will be notified of your score as soon as your test is graded.





ć 1991 Wilson Jones Company

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

DEA COMPLIANCE MANUAL

APPENDIX C

DEA Field Offices



Atlanta Division

Richard B. Russell Federal Building 75 Spring Street, S.W., Suite 740 Atlanta, GA 30303 (404) 331-4401 Fax: (404) 331-7340 Area Covered: Georgia, North Carolina, South Carolina, Tennessee

Charleston Resident Office

5900 Core Avenue Suite 100 North Charleston, SC 29406 (803) 308-6660 Fax: (803) 308-6670

Charlotte Resident Office

Nine Woodlawn Green Suite 200 Charlotte, NC 28217 (704) 344-6188 Fax: (704) 344-6795

Columbia Resident Office

Strom Thurmond Federal Building 1835 Assembly Street, Room 1472 Columbia, SC 29201 (803) 765-5251 Fax: (803) 765-5410

Columbus Resident Office

120 12th Street Room 316 Columbus, GA 31902 P.O. Box 1565 Columbus, GA 31902 (706) 649-7850 Fax: (706) 649-7872

Greensboro Resident Office

1801 Stanley Road Suite 201 Greensboro, NC 27407 (910) 547-4210 Fax: (910) 547-4215

Knoxville Resident Office

1721 Midpark Drive 3rd Floor Knoxville, TN 37921 (423) 584-9364 Fax: (423) 584-8763

Memphis Resident Office

Morgan Keegan Tower, Suite 500 50 N. Front Street Memphis, TN 38103 (423) 544-3396 Fax: (423) 544-3025

Nashville Resident Office

Estes Kefauver Building 801 Broadway, Room 500 Nashville, TN 37203 (615) 736-5988 Fax: (615) 736-2221

Savannah Resident Office

Smith Kelly Building 300 Drayton Street, Suite 401 Savannah, GA 31401 (912) 652-4286 Fax: (912) 652-4050

Wilmington Resident Office

Two Princess Street, Room 322 Wilmington, NC 28401 (910) 343-4513 Fax: (910) 343-4463

Chicago Division

John C. Kluczynski Federal
Building
230 S. Dearborn Street, Room 1200
Chicago, IL 60604
(312) 353-7875
Fax: (312) 886-8439
Area Covered: Illinois, Indiana,
Minnesota, North Dakota,
Wisconsin

D-5 April, 1997

Fargo Resident Office

One N. Second Street Suite 302 Fargo, ND 58102 (701) 239-5331 Fax: (701) 239-5248

Green Bay Post of Duty (Brown County/MJG Unit)

PO Box 12734 Green Bay, WI 54307-2734 (414) 448-6241 Fax: (414) 448-6376

Indianapolis Resident Office

Minton-Capehart Federal Building 575 N. Pennsylvania St., Room 290 Indianapolis, IN 46204 (317) 226-7977 Fax: (317) 226-7703

Madison Post of Duty

PO Box 92812 Madison, WI 53701-0981 (608) 264-5111 Fax: (608) 264-5116

Merrillville Resident Office

1571 E. 85th Avenue , Suite 200 Merrillville, IN 46410 (219) 681-7000

Milwaukee Resident Office

1000 N. Water Street, Suite 1010 Milwaukee, WI 53202 (414) 297-3395 Fax: (414) 297-1169

Minneapolis Resident Office

Federal Building 110 S. Fourth Street, Room 402 Minneapolis, MN 55401 (612) 348-1700 Fax: (612) 348-1708



Rockford Resident Office

420 W. State Street Rockford, IL 61101 (815) 987-8034

Springfield Resident Office

Illinois Business Center 400 W. Monroe Street, Suite 302 Springfield, IL 62704 (217) 492-4504 Fax: (217) 492-4507

Dallas Division

1880 Regal Row
Dallas, TX 75235
(214) 640-0801
Fax: (214) 649-0895
Area Covered: Oklahoma, Texas
(Northern)

Fort Worth Resident Office

Fritz W. Lanham Federal Building 819 Taylor Street, Room 13A33 Fort Worth, TX 76102 (817) 978-3455 (817) 978-4128

Lubbock Resident Office

5214 68th Street, Suite 401 Lubbock, TX 79424 (806) 798-7189 Fax: (806) 794-3149

Midland Resident Office

1004 N. Big String, Room 225 Midland, TX 79701 (915) 686-0356 Fax: (915)682-3016

Oklahoma City District Office

3909 N. Classen Blvd., Suite 100 Oklahoma City, OK 73118 (405) 424-2213 Fax: (405) 524-3448

Tulsa Resident Office

5100 E. Skelly Drive, Suite 570 Tulsa, OK 74135-6548 (918) 581-6391 Fax: (918) 581-6439

Tyler Resident Office

909 ESE Loop 323, Suite 280 Tyler, TX 75701 (903) 534-0472

Detroit Division

Rick Finley Federal Building
431 Howard
Detroit, MI 48226
(313) 234-4000
Fax: (313) 234-4141
Area Covered: Kentucky, Michigan,
Ohio

Cincinnati Resident Office

Federal Office Building 550 Main Street, Room 8504 Cincinnati, OH 45202 (513) 684-3671 Fax: (513) 684-3672

Cleveland Resident Office

Courthouse Square Development 310 Lakeside Avenue, #395 Cleveland, OH 44113 (216) 522-3705 Fax: (216) 522-3704

Columbus Resident Office

78 E. Chestnut Street Columbus, OH 43215 (614) 469-2595 Fax: (614) 469-5788

> D-6 April, 1997

Grand Rapids Resident Office

65 Monroe Center, N.W. Grand Rapids, MI 49503 (616) 456-2541 Fax: (616) 456-2001

Lexington Resident Office

1500 Leestown Road, Room 308 Lexington, KY 40511 (606) 233-2479 Fax: (606) 233-2590

Louisville Resident Office

New Federal Building, Room 1006 600 Dr. Martin Luther King Place Louisville, KY 40202 (502) 582-5908 Fax: (502) 582-5535

Saginaw Resident Office

301 E. Genessee, Fourth Floor Saginaw, MI 48607 (517) 758-4133 Fax: (517) 758-4013

Toledo Resident Office

234 N. Summitt Street, Room 106 Toldeo, OH 43603 (419) 259-6490 Fax: (419) 259-3725

Houston Division

333 W. Loop N.
Suite 300
Houston, TX 77024
(713) 681-1771
Fax: (713) 220-2378
Area Cavered: Texas (Southern)

Alpine Resident Office

810 N. 2nd Street Alpine, TX 79830 P.O. Box 1282 Alpine, TX 79820 (915) 837-3421 Fax: (915) 837-2701



Austin Resident Office

9009 Mountain Ridge Drive Austin, TX 78759 (512) 346-2486 Fax: (512) 346-0825

Beaumont Resident Office

350 Magnolia, Suite 290 Beaumont, TX 77701-1899 (409) 839-2461 Fax: (409) 839-2551

Brownsville Resident Office

1100 FM 802, Suite 200 Brownsville, TX 78521 (210) 504-4100 Fax: (210) 504-4118

Corpus Christi Resident Office

Wilson Plaza, Suite 300 606 N. Carancahua Corpus Christi, TX 78476 P.O. Box 2443 Corpus Christi, TX 78403 (512) 888-0150 Fax: (512) 888-0199

Eagle Pass Resident Office

342 Rio Grande Room 102 Eagle Pass, TX 78852 (210) 773-5378 Fax: (210) 773-3008

El Paso District Office

700 E. San Antonio Street Suite D-701 El Paso, TX 79901 (915) 534-6400 Fax: (915) 534-6034

Galveston Resident Office

6000 Broadway, Suite 104 Galveston, TX 77551 (409) 766-3568 Fax: (409) 766-3570

Laredo Resident Office

4804 N. Bartlett, Building 1050 Laredo, TX 78041 P.O. Drawer 2307 Laredo, TX 78044-2307 (210) 722-5201 Fax: (210) 726-2221

McAllen District Office

1919 Austin Street McAllen, TX 78501-7030 (210) 618-8400 Fax: (210) 618-8478

San Antonio District Office

10127 Morocco, Suite 200 San Antonio, TX 78216 (210) 525-2900 Fax: (210) 525-2930

Los Angeles Division

Roybal Federal Building 255 E. Temple Street, 20th Floor Los Angeles, CA 90012 (213) 894-2650 Fax: (213) 894-4244 Area Covered: California (Southern), Hawaii, Nevada

Hawaii District Office

Honolulu, HI 96813 P.O. Box 50163 Honolulu, HI 96850 (808) 541-1930 Fax: (808) 541-3048

Nevada District Office

Foley Federal Building & U.S. Courthouse 300 Las Vegas Blvd. S., Suite 204 Las Vegas, NV 89101-0023 (702) 388-6635 Fax: (702) 388-6894

Orange County Resident Office

Federal Building 34 Civic Center Plaza Santa Ana, CA 92712 PO Box 12609 Santa Ana, CA 92712 (714) 836-2892 Fax: (714) 836-2925

Reno Resident Office

300 E. Second Street, Suite 1320 Reno, NV 89501 (702) 784-5617 Fax: (702) 784-5679

Riverside District Office

6377A Riverside Avenue, Suite 220 Riverside, CA 92516-3162 (909) 276-6642 Fax: (909) 276-6269

Ventura Resident Office Office

770 Padeo Camarillo, 3rd Floor Camarillo, CA 93010 (805) 383-6454 Fax: (805) 383-6464

<u>Miami Division</u>

8400 N.W. 53rd Street Miami, FL 33166 (305) 590-4870 Fax: (305) 590-4500 Area Covered: Nassau, Bahamas, Florida

Fort Lauderdale District Office

1475 W. Cypress Creek Rd., Ste. 301 Fort Lauderdale, FL 33309 (305) 356-7700

D-7 April, 1997

FOIA Confidential Treatment Requested By Cardinal



Fort Meyers Resident Office

12730 New Brittany Blvd., Suite 501 Fort Myers, FL 33907 (941) 275-3662 Fax: (941) 275-8945

Gainesville Resident Office

235 S. Main Street, Suite 202 Gainesville, FL 32601 (352) 371-2077 Fax: (904) 375-4356

Jacksonville Resident Office

4077 Woodcock Drive, Suite 210 Jacksonville, FL 32207 (904) 232-3566 Fax: (904) 232-2501

Key Largo Resident Office

95360 Overseas Highway, Suite 6 Key Largo, FL 33037 P.O. Box 2930 Key Largo, FL 33037 (305) 852-7874 Fax: (305) 536-5485

Orlando Resident Office

Heathrow Business Center 300 International Pkwy., Suite 424 Heathrow, FL 32746 (407) 333-7000 Fax: (407) 333-7012

Panama City Resident Office

5323 W. Highway 98, Suite 215 Panama City, FL 32401 (904) 769-3407 Fax: (904) 769-4118

Tallahassee Resident Office

3384 Capitol Circle N.E. Tallahassee, FL 32308 (904) 942-8417 Fax: (904) 942-8420

Tampa District Office

5426 Bay Center Drive Tampa, FL .33609 (813) 228-1268 Fax: (813) 228-1281

West Palm Beach Resident Office

1818 S. Australian Ave., Suite 300 West Palm Beach, FL 33409 (561) 684–8000

Midwest Division

United Missouri Bank Building
7911 Forsyth Blvd., Room 500
St. Louis, MO 63105
(314) 425-3241
Fax: (314) 425-3245
Area Covered: Illinois (Southern),
lowa, Kansas, Missouri, Nebraska,
South Dakota

Cape Girardeau Resident Office

339 Broadway, Room 158 Cape Girardeau, MO 63701 (573) 334-1534 Fax: (573) 335-4117

Des Moines Resident Office

Federal Building 210 Walnut Street, Room 937 Des Moines, IA 50309 (515) 284-4700 Fax: (515) 284-4920

Kansas City Resident Office

8600 Farley Street, Suite 200 Overland Park, KS 66212 (913) 236-3257 Fax: (913) 236-3186

Omaha Resident Office

Old Federal Building 106 S. 15th Street, Room 1003 Omaha, NE 68102 (402) 221-4222 Fax: (402) 221-4225

Sioux Falls Resident Office

Shriver's Building 230 S. Phillips Avenue, Suite 407 Sioux Falls, SD 57102 (605) 330-4421 Fax: (605) 330-4420

Springfield Resident Office

901 St. Louis Street, Suite 301 Springfield, MO 65806 (417) 831-3948 Fax: (417) 831-0607

Wichita Resident Office

1919 N. Amidon, Suite 330 Wichita, KS 67203 (316) 838-2500 Fax: (316) 838-9123

New England Division

50 Staniford Street, Suite 200
Boston, MA 02114
(617) 557-2100
Fax: (617) 557-2135
Area Covered: Connecticut, Maine,
Massachusetts, New Hampshire,
Rhode Island, Vermont

D-8 April, 1997



Bridgeport Resident Office Providence Resident

915 Lafayette Blvd., Room 200 Bridgeport, CT 06604 (203) 579-5591 Fax: (203) 579-5530

Burlington Resident Office

P.O. Box 446 Williston, VT 05495 (802) 951-6777 Fax: (802) 951-6489

Cape Cod Resident Office

P.O. Box 708 Barnstable, MA 02630 (508) 362-2117 Fax: (508) 362-8303

Concord Resident Office

197 Loudon Road, Suite 300 Concord, NH 03301 (603) 225-1574 Fax: (603) 225-1543

Hartford Resident Office

Ribicoff Federal Office Building 450 Main Street, Room 628 Hartford, CT 06103 (203) 240-3233 Fax: (203) 240-3703

Logan Airport Task Force

One Harbor Side Drive, Suite 1095 Boston, MA 02128 (617) 561-5764 Fax: (617) 561-5772

Portland Resident Office

1355 Congress Street, Suite D Portland, ME 04102 (207) 780-3331 Fax: (207) 780-3413

Providence Residen Office

Two International Way Warwick, RI 02886 (401) 732-2550 Fax: (401) 739-2576

Springfield Resident Office

1441 Main Street, Suite 1000 Springfield, MA 01103 (413) 785-0284 Fax: (413) 785-0483

New Jersey Division

Peter Rodino Federal Building 970 Broad Street, Room 806 Newark, NJ 07102 (201) 645-6060 Fax: (201) 645-6297 Area Covered: New Jersey

Atlantic City Resident Office

Executive Plaza 2111 New Road, Suite 203 North Field, NJ 08225 (609) 383-3322 Fax: (609) 383-0884

Camden Resident Office

1000 Crawford Place, Suite 200 Mount Laurel, NJ 08054 (609) 757-5407 Fax: (609) 757-5006

New Orleans Division

Three Lakeway Center
3838 N. Causeway Blvd., Suite 1800
Metairie, LA 70002
(504) 840-1100
Fax: (504) 840-1103
Area Covered: Alabama, Arkansas,
Louisiana, Mississippi

D-9 April, 1997

Baton Rouge Resident Office

2237 S. Acadian Thruway, Suite 306 Baton Rouge, LA 70808 (504) 389-0254 Fax: (504) 389-0772

Birmingham Resident Office

234 Goodwin Crest, Suite 420W Birmingham, AL 35209 (205) 290-7150 Fax: (205) 290-7157

Gulfport Resident Office

One Government Plaza, Suite 230 Gulfport, MS 39502 (601) 863-2992 Fax: (601) 868-3112

Jackson Resident Office

Dr. A. H. McCoy Federal Building 100 W. Capitol Street, Suite 1213 Jackson, MS 39269 (601) 965-4400 Fax: (601) 965-4401

Little Rock Resident Office

10825 Financial Parkway, Suite 317 Little Rock, AR 72211-3557 (501) 324-5981 Fax: (501) 324-6900

Mobile Resident Office

900 Western American Cir., Ste. 501 Mobile, AL 36609 (334) 441-5831 Fax: (334) 441-5289

Montgomery District Office

2720-A Gunter Park Drive, West Montgomery, AL 36109 (334) 260-1150 Fax: (334) 223-4430



Shreveport Resident Office

401 Edwards, Suite 510 Shreveport, LA 71101 (318) 676-4080 Fax: (318) 676-4085

New York Division

99 10th Avenue New York, NY 10011 (212) 337-3900 Fax: (212) 337-2799 Area Covered: New York

Albany Resident Office

Leo W. O'Brien Federal Building, Room 930 Clinton Avenue & N. Pearl Street Albany, NY 12207 (518) 431-4700 Fax: (518) 472-4525

Buffalo Resident Office

28 Church Street, Suite 300 Buffalo, NY 14202 (716) 551-4421 Fax: (716) 551-5160

Long Island Resident Office

175 Pinelawn Road, Suite 205 Melville, NY 11747 (516) 420-4500 Fax: (516) 420-6944

Rochester Resident Office

P.O. Box 14210 Rochester, NY 14614 (716) 263-3180 Fax: (716) 263-5870

Syracuse Resident Office

4600 W. Genesee Street Syracuse, NY 13219 (315) 468-2772 Fax: (315) 468-2985

Philadelphia Division

William J. Green, Jr. Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106 (215) 597-9530 Fax: (215) 597-6063 Area Covered: Delaware, Pennsylvania

Allentown Resident Office

504 W. Hamilton Street, Suite 2500 Allentown, PA 18101 (610) 770-0940 Fax: (610) 435-6854

Harrisburg Resident Office

228 Walnut Street, Room 579 Harrisburg, PA 17101 P.O. Box 887 Harrisburg, PA 17108-0887 (717) 782-2270 Fax: (717) 782-4851

Pittsburgh Resident Office

William S. Moorehead Federal Bldg. 1000 Liberty Ave., Room 1328 Pittsburgh, PA 15222 (412) 644-3390 Fax: (412) 644-4745

Scranton Post of Duty

401 N. Adams Plaza, Suite 305 Scranton, PA 18503 (717) 782-2270 Fax: (717) 341-9094

Wilmington Resident Office

One Rodney Square 920 King Street, Suite 404 Wilmington, DE 19801 (302) 573-6184 Fax: (302) 573-6296

<u>Phoenix Division</u>

3010 N. Second Street, Suite 301 Phoenix, AZ 85012-3055 (602) 664-5600 Fax: (602) 664-5611 Area Covered: Arizona

Nogales Resident Office

1370 W. Fairway Drive Nogales, AZ 85621-3895 (520) 281-1727 Fax: (520) 281-1850

Sierra Vista Resident Office

500 Fry Blvd., Suite L14 Sierra Vista, AZ 85635-1840 PO Box 2169 Sierra Vista, AZ 85636-2169 (520) 458-3691 Fax: (520) 670-5025

Tucson District Office

3285 E. Hemisphere Loop Tucson, AZ 85706-5014 (520) 573-5500 Fax: (520) 573-5632

Yuma Resident Office

3150 Windsor Avenue, Suite 202 Yuma, AZ 85365-4905 (602) 344-9550 Fax: (602) 344-1444

Rocky Mountain Division

115 Inverness Drive, East Englewood, CO 80112 (303) 705-7300 Fax: (303) 705-7414 Area Covered: Colorado, New Mexico, Utah, Wyoming

D-10 April, 1997

FOIA Confidential Treatment Requested By Cardinal



Albuquerque District Office

301 Martin Luther King Blvd., N.E. Albuquerque, NM 87102 (505) 766-8925 Fax: (505) 766-8960

Cheyenne Resident Office

J. C. O'Mahoney Federal Building 2120 Capitol Avenue, Room 7010 Cheyenne, WY 82001 (307) 772-2391 Fax: (307) 772-2399

Colorado Springs Resident Office

111 S. Tejon, Suite 306 Colorado Springs, CO 80903 P.O. Box 350 Colorado Springs, CO 80901 (719) 471-1749 Fax: (719) 471-3647

Glenwood Springs Resident Office

401 23rd Street, Suite 300 Glenwood Springs, CO 81601 (970) 945-0744 Fax: (970) 945-8247

Las Cruces Resident Office

Loretto Town Center 505 N. Main Street, Suite 350 Las Cruces, NM 88001 (505) 527-6950 Fax: (505) 527-6966

Salt Lake City Resident Office

American Plaza III 47 West 200 South, Suite 401 Salt Lake City, UT 84101 (801) 524-4156 Fax: (801) 524-5364

San Diego Division

4560 Viewridge Avenue San Diego, CA 91950 (619) 585-4200 Fax: (619) 585-4224 Area Covered: California (Border Area)

Carlsbad Resident Office

5973 Avenida Encinas, Suite 220 Carlsbad, CA 92008 (619) 931-2666 Fax: (619) 931-5974

Imperial County Resident Office

2425 LaBrucherie Road Imperial, CA 92251 (619) 355-0857 Fax: (619) 355-2946

San Ysidro Resident Office

406 Virginia Avenue San Ysidro, CA 92173 (619) 662-7115

San Francisco Division

450 Golden Gate Avenue

San Francisco, CA 94102 P.O. Box 36035 San Francisco, CA 94102 (415) 436-7860 Fax: (415) 436-7810 Area Covered: California (Northern)

Fresno Resident Office

1260 M Street, Room 200 Fresno, CA 93720 (209) 487-5402 Fax: (209) 487-5287

Monterey Resident Office

2560 Garden Road, Suite 207 Monterey, CA 93940 P.O. Box 3182 Monterey, CA 93942-3182 (408) 648-3050 Fax: (408) 648-3056

Sacramento Resident Office

1860 Howe Avenue, Suite 250 Sacramento, CA 95825 (916) 566-7160 Fax: (916) 566-7177

San Jose Resident Office

One N First Street, Suite 405 San Jose, CA 95113 (408) 291-7235 Fax: (408) 291-7720

Seattle Division

220 W. Mercer, Suite 104
Seattle, WA 98119
(206) 553-5443
Fax: (206) 553-1576
Area Covered: Alaska, Idaho,
Montana, Oregon, Washington

Anchorage Resident Office

555 Cordova Street, Suite 600 Anchorage, AK 99501 (907) 271-5033 Fax: (907) 271-3097

Billings Resident Office

303 N. Broadway, Suite 302 Billings, MT 59101 (406) 657-6020 Fax: (406) 657-6047

D-11 April, 1997

FOIA Confidential Treatment Requested By Cardinal



Blaine Resident Office

165 Second Street Blaine, WA 98230 P.O. Box 1680 Blaine, WA 98231 (360) 332-8692 Fax: (360) 332-5704

Boise Resident Office

607 N. Eighth Street, Fourth Floor Boise, ID 83702 (208) 334-1620 Fax: (208) 334-9253

Eugene Resident Office

Federal Building 211 E. Seventh Avenue, Room 230 Eugene, OR 97401 (541) 465-6861 Fax: (541) 465-6796

Medford Resident Office

310 Sixth Street, Room B-3 Medford, OR 97501 (541) 454-4407 Fax: (541) 776-4263

Portland Resident Office

Green Wyatt Federal Building 1220 S.W. Third Avenue, Room 1525 Portland, OR 97204 (503) 326-3371 Fax: (503) 326-2341

Spokane Resident Office

1124 W. Riverside, Suite L300 Spokane, WA 99201 (509) 353-2964 Fax: (509) 353-2963

Yakima Resident Office

402 E. Yakima Avenue Yakima, WA 97501 PO Box 4025 Yakima, WA 97501 (509) 454-4407 Fax: (509) 454-4413

Washington, D.C. Division

400 Sixth Street, S.W., Suite 2558
Washington, DC 20024
(202) 401-7834
Fax: (202) 401-7061
Area Covered: District of Columbia, Maryland, Virginia, West Virginia

Baltimore District Office

200 St. Paul Place, Suite 2222 Baltimore, MD 21202 (410) 962-4800 Fax: (410) 962-3470

Charleston Resident Office

Union Square 2 Monongala, Suite 202 Charleston, WV 25302 (304) 347-5209 Fax: (304) 347-5212

Norfolk Resident Office

Federal Office Building 200 Granby Street, Room 320 Norfolk, VA 23510 (804) 441-3152 Fax: (804) 441-6639

Richmond Resident Office

8600 Staples Mill Road, Suite B Richmond, VA 23228 (804) 771-2871 Fax: (804) 771-8167

Roanoke Resident Office

210 Franklin Road, SW Roanoke, VA 24011 (540) 857-2555

> D-12 April, 1997





1991 Wilson James Company

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

DEA COMPLIANCE MANUAL

APPENDIX D

Forms and Exhibits

FORMS AND EXHIBITS

Name	Number
Regulatory Agency Contact Form	1
Power of Attorney for DEA Order Forms	2
Notice of Revocation	3
DEA Narcotic Blank Log	4
DEA 222 Transmission Log	5
Order Form Rejection Notification	6
Narcotic Order Review Form	7
MCA Transaction Report	8
ARCOS Transaction Reporting	9
Report of Loss or Theft of Controlled Substances (DEA Form 106)	10
Registrant's Inventory of Drugs Surrendered (DEA Form 41)	11
Key Log	12
Key Receipt	13
Monthly Alarm Walk Test Report	14
Incident Report	15
Access and Surveillance List	16
Delivery Vehicle Security Rules	17
Will Call Log	18
Consent and Release	19
Employment Security Information	20
Visitor Log	21
Miscellaneous Security Log	22
DEA Inspection Report	23
DEA On-Site Background Information Package	24
Limited Power of Attorney	25
DEA and ARCOS Audit Recap Sheet	26
Inventory Report	A
Unauthorized Entry to Warehouse	В
Restricted Area	C
Rules and Regulations of DEA	D
Subject to Search	Е
Suspicious Order Analysis Report	F
Violence Prevention Procedures	G
Table of Offenses and Penalties	H
Selected Item Audit Report	I
DEA Certificate of Registration	J
DEA Registration Speedigram	K
DEA Registration Verification Letter	L
Ingredient Limit Report Quarterly DEA Exception Report	M
Schedule II Order Form	N
Dosage Limit Chart	OP
Error Correction	
MCA Dosage Limit Report	Q R
MICY Dosage Pittit rebote	I K

FORM NAME:

REGULATORY AGENCY CONTACT FORM

FORM NUMBER:

DEA#1

FUNCTION:

Used to document regulatory agency visits, inspections, and contacts. Provides Corporate Compliance Department with a means to monitor regulatory agency activity on a national

level.

DISTRIBUTION:

This two part form is to be completed as needed for any and all agency contacts. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.



REGULATORY AGENCY CONTACT FORM

					_			
		Division	Name				Date	Time
Con	tact w	vas made with:						
Į		D.E.A. Represo	entative)		Board of sentativ	f Pharmacy e
(FDA Represen	tative	. (3	Other		indicate agency)
Con	Contact was made by:					(1 10000 manager affertel)		
[Telephone		Visit at Divi	sic	on		Visit at Agency
Con	tact i	nitiated by:		Division				Agency
NAI	ME, A	ADDRESS, ANI	TELEP	HONE NUM	BE	ROF	REPRI	ESENTATIVE
(Name	e)			(Title)				
(Address)					-kin			
(Addr	ress)			(Office wor	MII.	g out or)		
(Addr			(S	(Office wor		eg out or)	(Zi	ip)
(City)	RPOS	E OF CONTAC	CT (AUDI	tate) F, REQUESTIN	ïG	INFOR	MATIO	N (include DEA's
(City) PUI respo	RPOS onse),J		CT (AUDIT	tate) F, REQUESTIN ORDERS, EXC	IG ES	INFOR	MATIO URCHA	N (include DEA's SES, ETC.)
(City) PUF respond	RPOS onse),I INFO LLOV Inform	REPORTING SUS RMATION OR WING: nation Sent: ery Method:	CT (AUDIT	tate) F, REQUESTIN ORDERS, EXC	IG ES	INFOR	MATIO URCHA	N (include DEA's SES, ETC.)
(City) PUI respond	RPOS onse),I INFO LLOV Inform Delive Sent/I	REPORTING SUS RMATION OR WING: nation Sent: ery Method: Delivered By:	RECORU	tate) I, REQUESTIN ORDERS, EXC	RC	INFOR	MATIO URCHA	N (include DEA's SES, ETC.)
(City) PUF respondent	RPOS onse),I INFO LLOV Inform Delive Sent/I LLOV	REPORTING SUS RMATION OR WING: nation Sent: ery Method:	RECOR	tate) I, REQUESTIN ORDERS, EXC	RC	INFORD	MATIO URCHA D, COM	N (include DEA's SES, ETC.)
(City) PUF respondent	RPOS onse),I INFO LLOV Inform Delive Sent/I LLOV	REPORTING SUS RMATION OR WING: nation Sent: ery Method: Delivered By: W-UP REQUIR	RECOR	tate) I, REQUESTIN ORDERS, EXC	RC	INFORD	MATIO URCHA D, COM	N (include DEA's SES, ETC.)

DUB 1301

FOIA Confidential Treatment Requested By Cardinal

FORM NAME:

POWER OF ATTORNEY FOR DEA ORDER FORMS

_ FORM NUMBER:

DEA #2

FUNCTION:

Used to authorize specific employees to obtain and execute

order forms (DEA Form 222).

POWER OF ATTORNEY FOR DEA ORDER FORMS

(Division Name)
(Address)
(DEA Number)
I, the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute and appoint (name of attorney-in-fact), my true and lawful attorney for me in my name, place and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and Part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.
(Signature of person granting power)
I, (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.
(Signature of attorney-in-fact)
Witnesses:
1.
2.
Signed and dated on the day of, 19, at

FORM NAME:

NOTICE OF REVOCATION

FORM NUMBER:

DEA # 3

FUNCTION:

Used to revoke power of attorney.

NOTICE OF REVOCATION

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact this same day.		
(Signa	ature of person revoking power)	
	Witnesses:	
	1.	
	2.	
	Signed and dated on the day of at	, 19 ,

FORM NAME:

DEA NARCOTIC BLANK LOG

FORM NUMBER:

DEA#4

FUNCTION:

Used to record the order form numbers from the blanks received from DEA. Further information is also logged as

a blank is used.

DEA NARCOTIC BLANK LOG

DATE PRODUCT RECEIVED VENDOR / CUSTOMER DATE BLANK USED PO/MRA NUMBER SENT TO PURCHASING HELD BY DIVISION **BLANK NUMBER** REC'D BY DIVISION BLANKS DATE

FORM NAME:

Sagar

DEA 222 TRANSMISSION LOG

FORM NUMBER:

DEA # 5

FUNCTION:

Used in conjunction with Faxing Narcotic Order Forms to verify faxed order form quantity and information.

CARDINAL HEALTH DEA 222 TRANSMISSION LOG

Date			
CUSTOMER NAME	NUMBER OF LINES	BLANK NUMBER	RECEIVED YES/NO
-			
			·
		· · · · · · · · · · · · · · · · · · ·	
			
	1		
		<u> </u>	
		·	
	_1	_l	<u> </u>

TOTAL NUMBER OF BLANKS TRANSMITTED:

TOTAL NUMBER OF BLANKS RECEIVED:

TRANSMITTED BY:	RECEIVED BY:
	

FORM NAME:

ORDER FORM REJECTION NOTIFICATION

FORM NUMBER:

DEA#6

FUNCTION:

Used to comply with DEA regulation which requires written notification to a customer when all or part of their order

form (DEA Form 222) has been rejected.

- Date:	
Name:	
Telephone Number:	
The Drug Enforcement Administration has establis Order Forms (DEA Form 222). In some cases, we a a new or corrected form before shipping. In other the form for shipment.	re required to return the form to you and request
Your Federal Order Form was not co We have handled this as follows:	omplete and/or correct in all respects.
The omission and/or error indicated below is such that we a	re not permitted to process this form.
Form is altered.	
Our name and/or address is not acceptable as shown.	
Sixty days have elapsed from date of execution.	
Item listed is not a Schedule II product.	•
Item listed has been discontinued. It is still available in	NDC #
Package size is incorrect.	
Product description is incomplete.	
Number of packages or size is omitted.	
Lines completed less than actually ordered.	
Signature omitted.	
Line number is voided.	
If your form is being returned.	. •
Reference our phone conversation.	
Please submit a new form.	
Please revise attached form and return.	
See example attached.	
Changes indicated below have been made (as permitted by	DEA), and order has been shipped.
This notice is for informational purposes only. No action of	
Our name and/or address has been completed as requ	
Number of line items stated in box provided was more	than actually listed. We lined out the blank line(s).
You sent all three copies to us. We are returning Copy	•
We corrected the NDC number on line item number	
We modified the dosage form on line item number	You requested but the product is only
supplied as	
Substitution of different size package has been made	on line item
Total product supplied is equal to or less than original	•
Line item number was not correctable. We can	celled this line and processed rest of order. Please submit new
form for this item.	

THANK YOU FOR YOUR COOPERATION.

FOIA Confidential Treatment Requested By Cardinal

FORM NAME:

NARCOTIC ORDER REVIEW FORM

FORM NUMBER:

DEA#7

FUNCTION:

Used to document order form (DEA Form 222) violations when orders are not filled according to DEA regulations.

CARDINAL HEALTH NARCOTIC ORDER REVIEW FORM

he omissio	on and/or error is indicated below:	
	Order Form Not Written in Ink	NDC #, Strength or Dosage
	or Not Signed	Form Incorrect
	Customer/Registration Number:	" Lines Completed" Box Not
	Unable to I.D. or Altered	Filled In
	60 Day Lapse from Date of	"Lines Completed" Box
	Execution	Altered
	Item: Unable to I.D. or	Lines Completed Less than
	Altered	Lines Actually Ordered
	Size, Number of Packages	Our Name and Address or Date
	or Strength Altered, Incorrect	Omitted
	or Omitted	
	a. d Burnd	Item Discontinued or Not a Schedule II
	Strength Dittoed	Schedue II
		Customer Voided a Line
The resultin	ng action should have been:	
2010021	Void entire order form	. <u></u>
	Void single line	
	Fill in omission	
Appropriat of order fo	te personnel have been reminded of the regulat rms that have not been properly prepared.	ory requirements regarding the filling

MCA TRANSACTION REPORT

FORM NUMBER:

DEA#8

FUNCTION:

Used to document any excessive purchase or unusual loss

or activity of ephedrine, pseudoephedrine, and

phenylpropanolamine products.



MCA TRANSACTION REPORT

Excessive Purchase		Loss or Theft		DEA Request	
Supplier:			•		
Name:					
Business Address:					
City:					
State:					
Zip Code:					
Business Telephone:			·		
Purchaser:					
Name:					
Business Address:					
City:					 -
State:					
Zip Code:					
Business Telephone:					
Identification:					
Shipping Address (If diffe Street: City:	rent th	an purchaser addı	ress):		<u>.</u>
State:					
Zip Code:					
Date of Shipment:					
Product Description:					
Quantity and Form of Packaging:	:				
If Loss or Disappearance:					
Data of Lance		•			
Date of Loss: Type of Loss:				-	
Type of Loss.		÷			
Description of Circumstances:					
					
					
•					

ARCOS TRANSACTION REPORTING

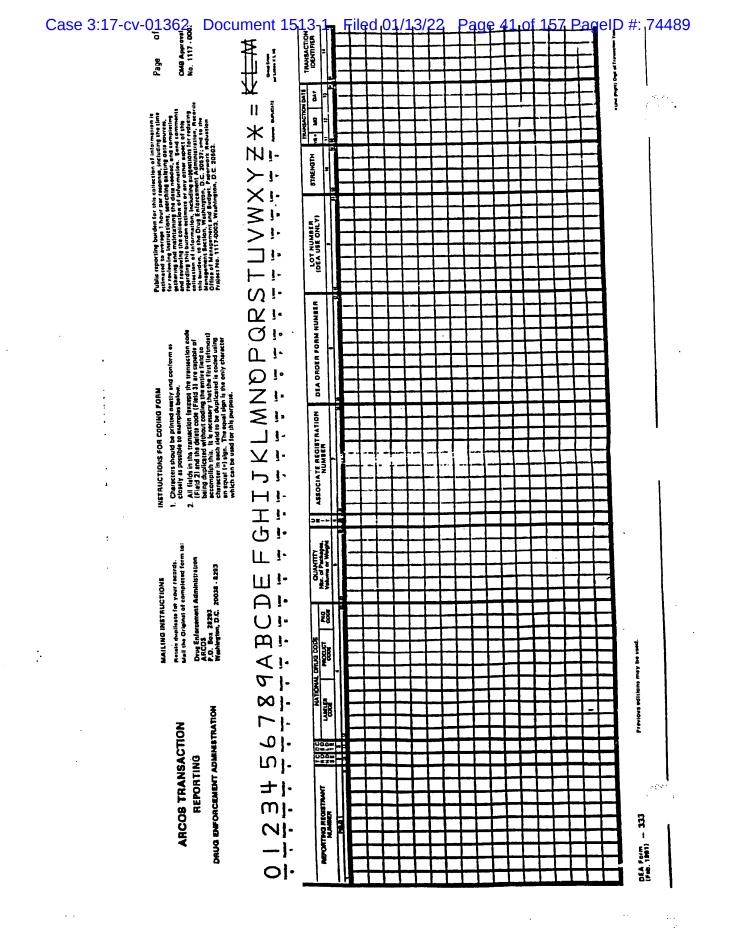
_ FORM NUMBER:

DEA#9

FUNCTION:

Used to submit correction or additional transactions to

ARCOS



REPORT OF LOSS OR THEFT OF CONTROLLED

SUBSTANCES (DEA FORM 106)

FORM NUMBER:

DEA #10

FUNCTION:

Used to document and report to DEA any loss or theft of

controlled substances.

DISTRIBUTION:

Original and one copy must be submitted to the local DEA office. One copy to the Corporate Compliance Department in Dublin. Copy(s) to state licensing agency as required. One copy to file. Must be submitted within seven (7) days of

the incident

						1	
REPORT		STICE / DRUG ENFOR				0	MB APPROVAL
				ED SUBSTANCES		'	No. 1117-0001
he Drug Enforcement Ad	ministration.	windicate. Forward the	original as	or loss of Controlled Subst ad duplicate copies to the m o require a copy of this repo	parest	•	ANUAL AUTHORITY:
							· · · · · · · · · · · · · · · · · · ·
1. NAME AND ADDRESS O	F REGISTRANT	(Include ZIF Code)		ZIP CODE	1	2. PHONE	E NO. (Include Ares Code)
							-
J. DEA REGISTRATION N	UMBER	4. DATE OF THEFT	R LOSS	5. PRINCIPAL BUSINESS	OF REGIS	TRANT (Ch	eck anej
2 ltr. profix 7 di	sit suffix	·		1 Phermacy	5 Die		
		<u> </u>		2 Practitioner	=	hadens Prog	rem
		•		3 Manufacturer 4 Hospital/Clinic	7 <u> </u> Oth	er (specify)	·:
6. COUNTY IN WHICH	7. WAS TH	EFT REPORTED TO	B. NAMI	E AND TELEPHONE NUM	BER OF PO	LICE DEPA	RTMENT (Include Area Co
REGISTRANT IS LOCAT			1	•			
	□ YE	_					
9. NUMBER OF THEFTS O		10. TYPE OF THEFT	OR LOSS	(Check one and complete i	terne below	as appropris	(10)
REGISTRANT HAS EXP		1 Night break-in		Employee pilferage	5 Other		
		2 Armed robbery	, 40	Customer theft	6 Lost k	trensit (Co	implete Item 14)
11. IF ARMED ROBBERY.	WAS ANYONE:	<u></u>		CHASE VALUE TO REGIS			NY PHARMACEUTICALS
KILLED? No	-	-ny)		CONTROLLED SUBSTANC CEN 7	.E8		Yes (Est. Value)
INJURED? N					1	4	• •
			<u> </u>			 `	
. IF LOST IN TRANSIT.		B. Name of Co	nelgoes		C. Cornie	nee's DEA R	legistration Number
Name of Common Carrie	er .	1					•
					1		,
				i a a a a a a a a a a a a a a a a a a a	1=		cod lower to transit from th
D. Was the carton received	by the customer?	E. If received,	did It app	ear to be tempered with ?-		you experien	nced losses in transit from the pest?
Y • •No		□ ٧••	c) No	D N	carrier in the	(How Meny)
Y • •No		□ ٧••	c) No	D N	carrier in the	(How Meny)
	MARKS, SYMBO	□ ٧••	c) No	D N	carrier in the	(How Meny)
16. WHAT IDENTIFYING IDENTIFYING THE	MARKS, SYMBO PRODUCTS 7	LS, OR PRICE CODES	WERE DA	NO	ONTAIN	carrier in the	(How Meny)
TE, WHAT IDENTIFYING	MARKS, SYMBO PRODUCTS 7	LS, OR PRICE CODES	WERE DA	NO	ONTAIN	carrier in the	(How Meny)
16. WHAT IDENTIFYING IDENTIFYING THE	MARKS, SYMBO PRODUCTS 7	LS, OR PRICE CODES	WERE DA	NO	ONTAIN	carrier in the	(How Meny)
15. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO	CONTAIN	carrier in the	(How Meny)
16. WHAT IDENTIFYING IDENTIFYING THE	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO THE LABELS OF THESE	CONTAIN	carrier in the	(How Meny)
16. WHAT IDENTIFYING THE I	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO THE LABELS OF THESE	CONTAIN	carrier in the	(How Meny)
15. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO THE LABELS OF THESE	CONTAIN	carrier in the	(How Meny)
15. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO THE LABELS OF THESE	CONTAIN	carrier in the	(How Meny)
16. WHAT IDENTIFYING THE I	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES	WERE ON	NO THE LABELS OF THESE	CONTAIN	carrier in the	(How Meny)
16. IF OFFICIAL CONTR	MARKS, SYMBO PRODUCTS ? OLLED SUBSTAR	LS, OR PRICE CODES NCE ORDER FORMS (I	WERE ON DEA-222) VENT FU	NO THE LABELS OF THESE WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE	CONTAIN	carrier in the	(How Meny)
16. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBOPRODUCTS ? OLLED SUBSTAPE EASURES HAVE I	LS, OR PRICE CODES NCE ORDER FORMS (I BEEN TAKEN TO FRE PRIVA	WERE ON DEA-2221 VENT FU	THE LABELS OF THESE WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE	CONTAIN	earrier in the	(How Many)
16. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBOPRODUCTS? OLLED SUBSTANCE EASURES HAVE I	LS, OR PRICE CODES NCE ORDER FORMS (I BEEN TAKEN TO PRE PRIVA particular Substances Acontrolled Substances.	VENT FU	NO THE LABELS OF THESE WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE	CONTAIN	earrier in the	(How Meny) WOULD ASSIST IN
16. WHAT IDENTIFYING IDENTIFYING THE I	MARKS, SYMBOPRODUCTS? COLLED SUBSTANCE EASURES HAVE I Controlled Sepurposes, Discioposes stated:	PRIVA PRIVA PRIVA Controlled Substances Accontrolled Substances, ubstances act authorize succes of information from	VENT FU	THE LABELS OF THESE WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE INFORMATION (PL 91-513).	CONTAIN	earrier in the a	(How Meny) WOULD ASSIST IN analytical r the pur-
16. WHAT IDENTIFYING IDENTIFYING THE IS TO SECURITY MINE TO SECURITY S	EASURES HAVE I	PRIVA PRIVA Introlled Substances Accontrolled Substances and information fro It is wenforcement and it	WERE ON DEA-222) VENT FU CCY ACT I t at 1970 (the product the product or the pr	WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE INFORMATION (PL 91-513). Justion of special reports recitemere made to the following agencies for law enforcement agencies for law enforcement.	CONTAIN MBERS S 7	stirtical and a of weers for work purpose	e pest ?
16. WHAT IDENTIFYING IDENTIFYING THE I	EASURES HAVE I	PRIVA PRIVA Introlled Substances Accontrolled Substances and information fro It is wenforcement and it	WERE ON DEA-222) VENT FU CCY ACT I t at 1970 (the product the product or the pr	WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE INFORMATION (PL 91-513). Justion of special reports recitemere made to the following agencies for law enforcement agencies for law enforcement.	CONTAIN MBERS S 7	stirtical and a of weers for work purpose	e pest ?
16. WHAT IDENTIFYING IDENTIFYING THE IS IDENTIFYING THE IS 16. IF OFFICIAL CONTROL OF THE IS IS IN THE IS	EASURES HAVE I	PRIVA PRIVA Introlled Substances Accontrolled Substances and information fro It is wenforcement and it	WERE ON DEA-222) VENT FU CCY ACT I t at 1970 (the product the product or the pr	WERE STOLEN, GIVE NU TURE THEFTS OR LOSSE INFORMATION (PL 91-513). Justion of special reports rectamere made to the following agencies for law enforcement	CONTAIN MBERS S 7	stirtical and a of weers for work purpose	e pest ?

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparations	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
nples: Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
: Demeral	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphete	2 Mg/cc Liquid	12 Pints
	,		

	-		
<u> </u>			
			ļ
			
	· · · · · · · · · · · · · · · · · · ·		
•			
			<u> </u>
			
			1
			
			
	_	·	
			
•		+	
		<u></u>	
			-
			
·			
			
<u> </u>			
:			
·			
· · · · · · · · · · · · · · · · · · ·			
<u>. </u>		<u> </u>	
'·		<u> </u>	1
).			
· · · · · · · · · · · · · · · · · · ·	- 		
			1
·			+
			+
•			
· ·			
J			· · · · · ·
			· [
			

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature Title Date

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019236

REGISTRANT'S INVENTORY OF DRUGS

SURRENDERED (DEA Form 41)

FORM NUMBER:

DEA#11

FUNCTION:

Used to document and report to DEA the destruction and

disposal of controlled substances.

DISTRIBUTION:

Two copies must be submitted to the local DEA office. One

copy to the Corporate Compliance Department in Dublin.

One copy to file.

OME Approval	DEFARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION	PACKAGE No.
No. 1117-0007	REGISTRANTS INVENTORY OF DRUGS SURRENDERED	

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZI	P Code in space provided below).	<u>:</u>	
		Signature of applicant or authorized agent	
· —	. ¬		
- <u>-</u> '			
1	1	Registrant's DEA Number	-
L	۔	Registrent's Telephone Number	-
			_

NOTE: REGISTERED MAIL IS REQUIRED FOR SHIPMENTS OF DRUGS
VIA US POSTAL SERVICE (see instructions on revenue of form)

	of teblets	Con- trolled Sub- stance	FOR DEA USE ONLY			
NAME OF DRUG OR PREPARATION	tainers	other units per con- teiner)	Con- sent, (Back	DISPOSITION	QUANTITY	
Registrants will fill in Columns 1, 2, 3, and 4 Only.		<u> </u>	Unit)		GMS.	MOS.
	3	•	1	8	•	'
					1	1.
			 	<u> </u>	-	┼
		<u> </u>				_
					_	
·						
1						
0						
13						
14						
15						
16						
DEA Form as Previous equipo mai				• See Instruction	OR PERCE	se side.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019238

	Number (Numb	CONTENTS (Number of greens, molets, ounces or other units per con-		FOR DEA USE ONLY		
NAME OF DRUG OR PREPARATION	Con- tainers		Con-	DISPOSITION	QUANTITY	
•		to un eri	(Each Unit)		GMS.	MGS
ı	1 2	,	•	4	•	'
17	 	 			+	┼
18						
						T
16		<u> </u>	 		- :	-
				į		1
28		 	+		 	
21						
				İ		
22		 	┼			+-
23			1			
44						
24		1		ــــــــــــــــــــــــــــــــــــــ		
The controlled substances surrendered in accordance with Title 21 of	the Code of Fed	eral Regulatio	ns, Sectio	on 1307.21, have bee	n receive	1
n packages purporting to contain the drugs listed on this invento	ery and have bee	n: **(1) Fan	warded ta	pe-sealed without op	ening;	
Destroyed as indicated and the ramainder forwarded tape-sealed after	r verifying conta	nts; (3) Forw	arded tap	F-MANG BILET ABLITY II	i g conten	rs.
-						
DATE 19 DESTE	OVED RY					
DATE	.0.2001					
•• Strike out lines not applicable. WITN	ESSED BY: _					
o Street out must not opposite						
INSTE	LUCTIONS					
1. List the name of the drug in column 1, the number of containers in convenied substance content of each unit described in column 3; e.		ze of each con late table, 3 p	stainer in kgs., 100	column 3, and in column 3, and in column 1/4 gr. (16 mg	umn 4 th .) or mor	e phine
sulfate tabe., 1 pkg., 83 tabe., 1/2 gr. (32 mg.), etc. 2. All packages included on a single line abould be identical in name, or	patent and cont	rolled substan	ce strengt	h.		
 Prepare this form in quadruplicate. Mail two (2) copies of this form copy in the shipment with the drugs. Retain one copy for your rec- furnished to you unless specifically requested. Any further inquirie serves your area. 	to the Special is ords. One copy s concerning the	tgent in Char will be return a drugs show	ge, under ed to you ld be add:	erparate cover. Encl as a receipt. No fur resied to the DEA Di	strict Of	lice wh
4. There is no provision for payment for drugs surrendered. This is mercerds of unwanted items.	erely a service re	adered to rep	istranto es	abling them to clear	their sto	eks and

 Drugs should be shipped tape-scaled via prepaid express or registered mail to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances.

Disclosures of information from this system are made to the following categories of users for the purposes stated.

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

· EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

FOIA Confidential Treatment Requested By Cardinal

March 1

KEY LOG

_ FORM NUMBER:

DEA # 12

FUNCTION:

Used to list personel who have been issued keys.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019240

CARDINAL HEALTH	Division
(EY LOG	Division
The following personnel	nave been issued keys to this facility:
	·
•	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	
Signature	
Title	· · · · · · · · · · · · · · · · · · ·
Division	
Date	

KEY RECEIPT

_ FORM NUMBER:

DEA#13

FUNCTION:

Used to document the transfer of a key from the company to

an employee.

Cardinal Health

Key Receipt

Employee Name:	Date:
Department:	Key Number:
to prevent any misuse. I will immediately notify the event of theft or any other loss of the key. I	r use of the key and will take all reasonable precautions by the Cardinal Health Corporate Security Department in will not have any copies of the key made and will turn in the Department when my employment terminates for
Employee Signature	

MONTHLY ALARM WALK TEST REPORT

FORM NUMBER:

DEA # 14

FUNCTION:

Used to document proper functioning of alarm system and to maintain records of false alarms. Provides Corporate Compliance Department with information that can be used to evaluate alarm company service and divisional compliance with Company security policies.

DISTRIBUTION:

This two-part form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.



MONTHLY ALARM WALK-TEST REPORT

	FOR THE MONTH OF
ALARM COMPANY'S NAME	·
	PAST MONTH
LAST FALSE ALARM	
CAUSE OF FALSE ALARM	
CORRECTIVE ACTION TAKEN	
INSTRUCTIONS	
	nt and indicate that it is functioning properly by
placing a mark in the space provided.	
Alarm call-up list is up-to-dat	
Ambush/Duress code on cont	
Sensitivity of all motion detec	
Boxes and shelves are <u>NOT</u> b	_
Photoelectric beams have a cl	
Door contacts and audible ala	
	ning properly (scheduled openings & closings)
All closed circuit television c	
	amera monitors are working properly
	doors are functioning properly
	ioning properly (battery back-ups on hand-held
buttons are fresh)	1
All intercoms are working pr	орепу
Signature of employee completing form	Date

WHITE - Division YELLOW - Corporate Compliance

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019245

ingga.

INCIDENT REPORT

FORM NUMBER:

DEA # 15

FUNCTION:

Used to document security-related incidents which occur and require a detailed explanation (i.e., theft,

burglary, vandalism).

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019246

CARDINAL HEALTH SECURITY DEPARTMENT INCIDENT REPORT FORM	Incident Number:
Date of incident:	
Nature of Incident:	
Reporting Party:	
Department/Address:	Phone/Ext:
Authorities Notified:	· ·
Explain Incident in Detail:	
·	<u> </u>
Disposition:	

ACCESS AND SURVEILLANCE LIST

FORM NUMBER:

DEA # 16

FUNCTION:

Used to facilitate compliance with DEA regulation which requires written authorization for cage and vault access.

CARDINAL HEALTH Division	
ACCESS AND SURVEILLANCE LIST	
The following personnel are permitted unsupervised access to the cage and vault	
area:	
· · · · · · · · · · · · · · · · · · ·	·
	··
	
	· · · · · · · · · · · · · · · · · · ·
If any person other than those listed above requires job-related temporary access to	
this area, they must be escorted by a person with approved cage and vault access.	
Signature	
Title	
livision	
Date	

DELIVERY VEHICLE SECURITY RULES

FORM NUMBER:

DEA#17

FUNCTION:

Used to document security measures required by delivery

vehicle drivers.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019250

DELIVERY VEHICLE SECURITY

The following rules are intended to promote safety and security for drivers and their delivery vehicles. They are to be complied with at all times.

- 1. Keep all merchandise in the rear of the truck. Leave nothing in the cab.
- 2. Secure the truck when making a delivery. Roll up all windows, lock all doors, and take the keys with you.
- 3. Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.
- 4. Make it a habit to check your rearview mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop, and call the local police or the office.
- 5. If you break down, stay with your truck. Leave only to call for assistance.
- 6. Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.
- 7. In the event of a robbery:
 - A. Offer no resistance.
 - B. Stay calm.
 - C. Be observant.

Driver Signature:	
Witness Signature:	

WILL CALL LOG

FORM NUMBER:

DEA # 18

FUNCTION:

Used to document the pickup of an order by a customer.

¥.	ILL CALL LOG	
Customer Name		
Customer Number		
Date		
Number of Boxes		
Courier Service Name		
Drivers License Number	State	
Driver ID# (Cab Number, etc.)		
•		
<u>M</u>	/ILL CALL LOG	
·	/ILL CALL LOG	
·		
Customer Name	Invoice Number	
Customer Name	Invoice Number	
Customer Name Customer Number Date Number of Boxes	Invoice Number Time Number of Bags	
Customer Name Customer Number Date	Invoice Number Time Number of Bags	
Customer Name Customer Number Date Number of Boxes Courier Service Name Drivers Name (Print)	Invoice Number Time Number of Bags	
Customer Name Customer Number Date Number of Boxes Courier Service Name	Invoice Number Time Number of Bags	

CONSENT AND RELEASE

FORM NUMBER:

DEA #19

FUNCTION:

Used during employment application process to obtain applicant's consent for background investigation and drug

screening.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019254



CONSENT AND RELEASE:

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST.

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES.

This form, which you should read carefully, has been provided to you because Cardinal Health ("Cardinal Health") will request consumer reports or investigate consumer reports in connection with your application for employment or during the course of your employment with Cardinal Health, if any. These background checks, and/or investigations, will be performed by Cardinal Health, in whole or in part, at Cardinal Health's discretion.

Cardinal Health's applicant background checks and employee investigations will also include the use of consumer reporting agencies to gather and report information to Cardinal Health in the form of consumer or investigative consumer reports, as regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Cardinal Health is not a consumer-reporting agency.

The type of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to; credit reports, criminal records (for the maximum period permitted by applicable state and federal law), court records, driving records, and/or summaries of educational and employment records and nistories. The information contained in these reports may be obtained by a consumer reporting agency, from public records, or through personal interviews with co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If Cardinal Health requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive a notice if Cardinal Health or a person or entity other than a consumer-reporting agency performs the investigation.

Your consent is required by law before Cardinal Health may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, at Cardinal Health's discretion. Your signature below indicates that you have read and understand that Cardinal Health may request and review a consumer report or investigative consumer report regarding your background, and that you consent to the release of reports to Cardinal Health for employment purposes. This information may also be considered for any future decisions concerning your employment, promotion, reassignment or retention as an employee of Cardinal Health. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing, as described below.

00.8

Refusal to consent to a consumer report or an investigative consumer report as required by this notice, or any other attempt to interfere or failure to cooperate with Cardinal Health's lawful investigation, may result in rejection of your application, withdrawal of an offer of employment, or corrective discipline; up to and including termination of employment.

CONSENT STATEMENT:

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Cardinal Health in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with Cardinal Health, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me.

in the event that I wish to refuse or revoke my consent, I understand that I may do so by: 1. Signing the "Refusal or Revocation of Consent Statement" below, or 2. Sending a signed statement, indicating that I revoke my consent for Cardinal Health to obtain a consumer report or investigative consumer report, and submitting to:

Cardinal Health Human Resources 7000 Cardinal Place Dublin, OH 43017

I certify that the information I have provided to Cardinal Health, on this consent and release form, is correct to the best of my knowledge and I understand that any falsifications, misrepresentations, and/or omissions may result in my disqualification for consideration of employment or, is subsequently employed, my dismissal.			
Name of Applicant/Employee			
Applicant/Employee Signature	Today's Date		
REFUSAL OR REVOCATION OF CONSENT STA (DO NOT SIGN UNLESS YOU HAVE DECIDED THAT Y CARDINAL HEALTH OBTAINING A CONSUMER REPORT O	OU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO		
connection with my application for employment or granted my consent, I hereby revoke that cons-	umer reports or investigative consumer reports about me in for any other employment purposes. If I have previously ent and understand that such revocation will take effect itten revocation and has actual knowledge to communicate equest consumer reports for Cardinal Health.		
Name of Applicant/Employee			
Applicant/Employee Signature	Today's Date		

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019256

8.00

EMPLOYMENT SECURITY INFORMATION

FORM NUMBER:

DEA # 20

FUNCTION:

Used to conduct background investigations on new

employees.

Cardinal Health	EMPLOYMENT SECURITY INFORMATION	Submitted / /
Division:	Supervisor:	
Department:	Date of Hire	
Name:(First)	(Middle)	(Last)
Present Address:		
(Street)	(City)	(State) (Zip)
Time at residence:	County of Residence:	Telephone: (
Previous Name		
Frst): Frst]: Frst): Frst]: Frrt]: Frst]: Frst]: Frst]: Frst]: Frst]: Frst]: Frst]: Frst]: Frrt]: Fr	(Middle)	(Lasj)
(Sireet)		(State) (Zlp)
Time at previous residence	County of previous residence	ence:
Social Security Number	Drivers License Number	State
Date of Birth Eye Color	Place of Birth Height Color of Hair	Weight
		8.00

Education Verification Institution/School	City	State	Dates Attended	Degree
Have you ever been convicted of a crin If yes, identify the crime, the date of Please provide any details you feel are	crime (felony or misdemeanor), or do you have any pending charges? of the conviction, the court where the conviction occurred, and the are relevant.), or do you ha	ve any pending cha	
Conviction of a crime will not automatically disqualify you from employment, but will be considered as evaluation of your qualifications for the position sought.	omatically disqualify you from the position sought.	employment,	but will be consid	ered as a part of the overall
15onotinculderenvictions forwitch the recommons. Kansaski Antick Maryand Wassach and Wassach	nujasi peen expungedrors ealebili the tollor Trepitsi Mississippi New Tersey Norm Caro	In the followings Norm Carolina Frank	Isipies Arensissoalio Poldanama Ocegobi Ri	na volgzdovenom venom venom obustand vulan viginia Vemem
Do not include information about it veniller on okahoma serveniller on okahoma serveniller on okahoma serveniller on okahoma serveniller om okahoma serveniller okahoma serveniller om okahoma serveniller om okahoma serveniller okahoma s	nvicuons vin the rollowing states the control of the control of th	Siates: Gallomian Confi The Life Confidence of Confidence	iowno is tales. Gallomian connectionin Elonday (Segrola: Kansas Mam) Clons (of which you successfully completed in population of contractions)	ankansasynnanjand New Jessey New John September 1890 gep Opsunganom Utan 287 galskinggep
iodaysigales In Mas sacutispits, doing include information ab elgeumstances you well a friested builting sonyo assaultinspeedings minor traffic yolations affiny resulting incarceration occurred to dismorely ears.	out general misternandi Herty (1918) even myotti peo Storidi siumarce oi une De prinsio rodays gareiton, out	Miclors - Yourmay respond official tenderical sharing a Problemay a amis demean of a sealed of in [cell records	Vrespondente de dans Isron de memorente and de meanor converient	onvielons, "vou maytrespond" Non to the intestion แก้เลื่อน สาม old in explication single and old in explication of the spille vince accept by in have a see lead of this conviel on where they reflect on the novigion on any nave a see lead of infinite conviel on the nave assettle to the conviel of the convience of the conv
Waiver: I hereby authorize Cardinal Health, its subsidiaries or affiliates, and the Drug Enforcement Administration to make a complete investigation of me, my former business relations and employment, and any business organization or any other person to give full information and records about me. I hereby release Cardinal Health its subsidiaries, affiliates, officers, employees, informants and the Drug Enforcement Administration from liability arising from this investigation. Discovery of false information on this sheet may lead to discharge of my employment with Cardinal Health or its subsidiaries or affiliates.	its subsidiaries or affiliates, and ti, and any business organization tes, officers, employees, informanthis sheet may lead to discharge	the Drug Enforcen or any other pers ints and the Drug	nent Administration to m on to give full information Fenforcement Administr nt with Cardinal Health	ake a complete investigation of me, on and records about me. I hereby ration from liability arising from this or its subsidiaries or affiliates.
Signature		_ Today	Today's Date	8.00

VISITOR LOG

FORM NUMBER:

DEA #21

FUNCTION:

Used to document any visitor's entering the facility.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019260

VISITOR LOG

<u>. </u>	NAME	REPRESENTING	TIME IN	TIME OUT	PURPOSE
Region					
	·		···		
					
					
		-			
					
- "					
-					
			<u> </u>		
			ļ <u>.</u>	<u> </u>	
	<u> </u>		<u> </u>		
·			<u> </u>		
					
			<u> </u>		
					-
				 	
				 	
					1
	Į.	1	Ī	1	Ĭ

MISCELLANEOUS SECURITY LOG

FORM NUMBER:

DEA # 22

FUNCTION:

Used to document any minor security-related incidents that occur but do not need to be explained in detail (i.e., false

alarms, open doors, alarm not set, etc.).

CARDINAL HEALTH MISCELLANEOUS SECURITY LOG

DATE	TIME	NARRATIVE
		
	•	
	·	
		

DEA INSPECTION REPORT

FORM NUMBER:

DEA # 23

FUNCTION:

Used to document an inspection made by the DEA.

DEA INSPECTION REPORT

This form is to be completed by the Division Manager or his designee and forwarded to the Corporate Compliance Department upon completion of a DEA inspection.

DIVISION:		DATE:	_
A.	General Information		
1.	Initiation Date		
2.	Leader Compliance Investigator		
3.	DEA Office		
4.	Closing Date - Exit Interview		_
5 .	Total On-Site Days		
6.	Total On-Site Person Hours		
B. 1.	Inventory Accountability Audit Number of items audited		
1.	Number of items audited		
	a) Description and class of items audited:		
Γ		-1	7
			$\left\{ \right.$
			1
			1
			1
_]
_			
<u></u>			1
-			4
<u></u>			ل
	•		
2.	Audit timeframe in months		
3.	Number of items in variance		

Pre-Employment Screening Will Calls Powers of Attorney Other See document any significant comments, questions, criticisms made by the ining the inspection and exit interview and attach to this report. Colution (to be completed by Corporate Compliance Department) See attach all related documentation. Follow-Up Letter of Admonition Citation Yes No No No Citation		 Biennial Inventory Recordkeeping DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
Biennial Inventory Recordkeeping DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other aments see document any significant comments, questions, criticisms made by the ining the inspection and exit interview and attach to this report. see attach all related documentation. Follow-Up Letter of Admonition Citation Yes Note:		 Biennial Inventory Recordkeeping DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
Recordkeeping DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other aments se document any significant comments, questions, criticisms made by the image the inspection and exit interview and attach to this report. see attach all related documentation. Follow-Up Letter of Admonition Citation Yes Modern		 Recordkeeping DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other aments se document any significant comments, questions, criticisms made by the image the inspection and exit interview and attach to this report. plution (to be completed by Corporate Compliance Department) asse attach all related documentation. Follow-Up Letter of Admonition Citation Ves Modern		 DEA Form 222 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other aments see document any significant comments, questions, criticisms made by the inng the inspection and exit interview and attach to this report. pollution (to be completed by Corporate Compliance Department) asse attach all related documentation. Follow-Up Letter of Admonition Citation Yes Moderate Moderat		 Physical Security Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
Procedural Security Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other aments se document any significant comments, questions, criticisms made by the inng the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) se attach all related documentation. Follow-Up Letter of Admonition Yes McCitation		 6. Procedural Security 7. Shipping/Receiving Procedures 8. Registration Verification/Customers 9. ARCOS 10. Suspicious Order Monitoring 	
Shipping/Receiving Procedures Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other The inspection and exit interview and attach to this report. See document any significant comments, questions, criticisms made by the interview and attach to this report. See attach all related documentation. Follow-Up Letter of Admonition Citation Yes Monitoring Pres Mo		7. Shipping/Receiving Procedures 8. Registration Verification/Customers 9. ARCOS 10. Suspicious Order Monitoring	
Registration Verification/Customers ARCOS Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other In the inspection and exit interview and attach to this report. Oution (to be completed by Corporate Compliance Department) asse attach all related documentation. Follow-Up Letter of Admonition Citation Yes No No No No No No No No No N		 Registration Verification/Customers ARCOS Suspicious Order Monitoring 	
Suspicious Order Monitoring Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other aments se document any significant comments, questions, criticisms made by the inng the inspection and exit interview and attach to this report. clution (to be completed by Corporate Compliance Department) se attach all related documentation. Follow-Up Letter of Admonition Yes No Citation Yes No Citat		10. Suspicious Order Monitoring	
Destructions Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other see document any significant comments, questions, criticisms made by the image the inspection and exit interview and attach to this report. clution (to be completed by Corporate Compliance Department) see attach all related documentation. Follow-Up Letter of Admonition Citation Yes No Citation No Citation Yes No			
Losses/Thefts Pre-Employment Screening Will Calls Powers of Attorney Other Other see document any significant comments, questions, criticisms made by the inning the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) asses attach all related documentation. Follow-Up Letter of Admonition Citation Yes No Citation Citation Citation Letter of Admonition Citation Citation Citation Citation Citation Letter of Admonition Citation C		11 Destructions	
Pre-Employment Screening Will Calls Powers of Attorney Other See document any significant comments, questions, criticisms made by the ining the inspection and exit interview and attach to this report. Colution (to be completed by Corporate Compliance Department) See attach all related documentation. Follow-Up Letter of Admonition Citation Yes No No No Citation			l l
Will Calls Powers of Attorney Other Other see document any significant comments, questions, criticisms made by the inning the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) asse attach all related documentation. Follow-Up Letter of Admonition Citation Yes No No No Citation		· · · · · · · · · · · · · · · · · · ·	
Powers of Attorney Other Other aments se document any significant comments, questions, criticisms made by the inning the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) asses attach all related documentation. Follow-Up Letter of Admonition Citation Yes No Citation			
Other			
se document any significant comments, questions, criticisms made by the ining the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) use attach all related documentation. Follow-Up Letter of Admonition Citation For any significant comments, questions, criticisms made by the ining the inspection of the initial section in the initial sectio		•	
se document any significant comments, questions, criticisms made by the ining the inspection and exit interview and attach to this report. colution (to be completed by Corporate Compliance Department) use attach all related documentation. Follow-Up Letter of Admonition Citation For any significant comments, questions, criticisms made by the initial property of		16. Other	
olution (to be completed by Corporate Compliance Department) use attach all related documentation. Follow-Up Letter of Admonition Citation For Street Stre	D.	Comments	
Follow-Up Letter of Admonition Citation Yes No No No No No No No No No N		Please document any significant comments, q during the inspection and exit interview and s	uestions, criticisms made by the
Letter of Admonition Citation Yes No	E.	Resolution (to be completed by Corporate	ttach to this report.
Citation Yes No.		Resolution (to be completed by Corporate Please attach all related documentation.	ttach to this report.
100	l.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up	attach to this report. Compliance Department) Yes
TTUDOUTE DY 1 18.6.66016.0.4.0.0.	l. 2.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition	ttach to this report. Compliance Department) Yes Yes
• • • • • • • • • • • • • • • • • • • •	1. 2. 3.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation	Compliance Department) Yes Yes Yes Yes
	1. 2. 3.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding	Compliance Department) Yes Yes Yes Yes Yes Yes
ALIANAMIN VAP I IN	1. 2. 3. 4.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes
	1. 2. 3. 4. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing	Compliance Department) Yes
Proceeding Yes M	1. 2. 3. 4. 5. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding Yes No ent Order Yes No	1. 2. 3. 4. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding ent Order Violations Acknowledged in M.O.U.	1. 2. 3. 4. 5. 5. 7.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order Total Violations Acknowledged in M.O.U.	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding ent Order Violations Acknowledged in M.O.U.	1. 2. 3. 4. 5. 5. 8.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order Total Violations Acknowledged in M.O.U. Fines Sought	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
mal Hearing Yes	E.	during the inspection and exit interview and a	ttach to this report.
177 ·	 	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding	Compliance Department) Yes Yes Yes Yes Yes Yes
		Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes
	 2. 3. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing	Compliance Department) Yes
Proceeding Yes N	1. 2. 3. 4. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding	Compliance Department) Yes
t Proceeding Yes No ent Order Yes No	 	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding Yes No ent Order Yes No]. 2. 3. 5. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding ent Order Violations Acknowledged in M.O.U.]. 2. 3. 5. 5.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order Total Violations Acknowledged in M.O.U.	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
t Proceeding ent Order Violations Acknowledged in M.O.U. Sought Yes M. Yes N. 1. 2. 3. 4. 5. 5. 7. 3.	Resolution (to be completed by Corporate Please attach all related documentation. DEA Follow-Up DEA Letter of Admonition DEA Citation Memorandum of Understanding Informal Hearing Formal Hearing Court Proceeding Consent Order Total Violations Acknowledged in M.O.U.	Compliance Department) Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	

CAH SWE 019266

FORM NAME:

DEA ON-SITE BACKGROUND INFORMATION

PACKAGE

FORM NUMBER:

DEA # 24

FUNCTION:

Used to provide DEA Investigators with company background information during DEA audits.

DEA ON-SITE BACKGROUND INFORMATION PACKAGE

	SECTIONI	FIRM'S BACKGROUND
A	Company Name:	
-	Address:	
	Telephone Number:	
	Fax Number:	()
B.	Type of Firm:	
C.	Corporate Headquarters:	
D.	State of Incorporation:	
E.	Subsidiaries:	. ,
F.	Corporate Officers: (See attached	0)
G.	Principle Management Personnel: (List all personnel and include the	
	Name:	
	Title: Length of Service:	
H.	Type of Business:	
I.	Distribution Area:	
J.		Companies):

K.	Hours of Operation:
L.	Number of Employees:
M.	How long at present location:
N.	Controlled substance sales as percentage of total sales:
	SECTION II LICENSES AND REGISTRATIONS (attach copies of DEA registration and State licenses).
A.	DEA (See attached):
В.	State (See attached):
	SECTION III (Breifly describe when inventories are taken and where records are maintained).
A.	Biennial Inventories:
3.	Periodic Inventories:
	SECTION IV RECORDS / REPORTS (briefly describe the types of records and where maintained)
A.	Purchase Records:
В.	Sales Records:
C.	Return Records:

DEA Form 106:	rower of Attorney:		
DEA Form 41:	DEA Form 106:		
	DEA Form 41:		
	ARCOS Records:		
Suspicious/Excessive Customer Purchases:			

40

	SECTION V (Briefly describe how the following is according)	PROCEDURES mplished with respect to controlled substances).
A.	Receiving:	
В.	Order Filling:	
C.	Shipping:	
D.	Returns:	
	SECTION VI	SECURITY
A.	Structure of Building:	
В.	Structure of Vault:	
C.	Structure of Cage:	
D.	Alarm Company: Address:	
E.	Type of Alarm Hardware:	
F.	Type of Circuit (McCulloh Loop, etc.):
G.	Notification Procedures:	

Vho Responds:	
esponse Time:	
Alarm (Сотрапу:
	nforcement:
Distribu	ution Center Personnel:
ersons with Alarm K	Keys/Passes:
	d include the following information):
ame:	Title
ength of Service:	
ersons with Access to	o Vault:
List all personnel and	d include the following information)
ame:	
ate of Birth:	SS#
ersons with Access to	v Cade.
	d include the following information)
Vame:	Title
Pate of Birth:	
mnloves Sereening r	procedures (Describe hiring practices):

Cardinal Health, Inc.: DEA Registered Locations

Distribution Center	Address	DEA Number
Whitmire Dist. Corp. DBA Cardinal Health	7301 Los Volcanes Rd. NW Albuquerque NM 87121	RW0234928
Whitmire Distribution Corp. DBA Cardinal	914 Marcon Blvd. Allantown PA 18103	RW0191938
Whitmire Distribution Corp. DBA Cardinal	801 C St. N.W., Suite B Aubum WA 98001	RW0191813
Whitmire Distribution Corp. DBA Cardinal	2353 Prospect Dr. Aurora IL 60504	RW0231908
Whitmire Distribution Corp. DBA Cardinal	4770 (U) Forest St. Denver CO 80216	RW0192017
Whitmire Distribution Corp. DBA Cardinal	13188 Lakefront Drive Earth City MO 63045	RW0192106
Marmac Distributors, Inc. DBA Cardinal Health	4 Craftsman Road East Windsor CT 06088	RM0125484
Whitmire Distribution Corpora DBA Cardinal	3238 Dwight Road Elk Grove CA 95758	RW0236009
Whitmire Distribution Corp. DBA Cardinal	4 Girbraud Ct. Greensboro NC 27407	RW0243903
Ohio Valley-Clarksburg, Inc. DBA Cardinal Health	6540 Port Road Groveport OH 43125	RR0248179
Whitmire Distribution Corp. DBA Cardinal	7052 Grand Blvd. Ste. 112 Houston TX 77054	RW0191407
Whitmire Distribution Corp. DBA Cardinal	2901 Enloe St. Hudson WI 54106	RW0243725
Whitmire Distribution Corp. DBA Cardinal	7601 NE Gardner Avenue Kansas City MO 64120	RW0191926
Chapman Southeast, Inc. DBA Cardinal Health	2512 West Cott Blvd Knoxville TN 37931	RC0238104

Wednesday, January 05, 2000

Page I of 3

Distribution Center	Address	DEA Number
Cardinal Southeast, Inc	2045 Interstate Drive	RC0182080
DBA Cardinal Health	Lakeland FL 33805	1100102000
CORD Logistics	1135 Heil Quaker Blvd. Ste. 100	RC0229965
	LaVergne TN 37086	1100223303
Cardinal Southeast, Inc.	1240 Gluckstadt Road	RC0221236
OBA Cardinal Health	Madison MS 39110	100221230
National Specialty	556 Metroplex Dr.	RN0184363
Services, Inc.	Nashville TN 37211	11101000
Whitmire Distribution	1351 Doubleday	RW0192168
Corp. DBA Cardinal	Ontario CA 91761	
Daly, James W. Inc. DBA	11 Centennial Drive	RD0108200
Cardinal Health	Peabody MA 01960	
Packaging Coordinators,	3001 Red Lion Road	RP0225284
oc.	Philadelphia PA 19114	
Whitmire Distribution	3821 East Broadway	RW0224294
orp DBA Cardinal	Phoenix AZ 85040	
Vhitmire Distribution	4422 South 38th Place	RW0191940
corp. DBA Cardinal	Phoenix AZ 85040	
Cardinal Southeast, Inc. DBA Cardinal Health	42 Ross Road	RS0187612
OA Oalumai Ficalui	Savannah GA 31405	
Vhitmire Distribution Corp. DBA Cardinal	955 West 3100 South	RW0191419
o.p. oo, Condina	South Salt La UT 84119	
Cardinal Syracuse, Inc. DBA Cardinal Health	6012 Malloy Rd.	PC0003044
aranium r ruuliti	Syracuse NY 13211	
Vhitmire Distribution Corp. DBA Cardinal	27680 Avenue Mentry Valencia CA 91355	RW0216449
	51445	
Vhitmire Distribution Corp. DBA Cardinal	7500 Mars Drive Waco TX 76712	RB0196522
hio Valley-Clarksburg, nc. DBA Cardinal Health	71 Mil-Acres Dr. Wheeling WV 26003	RO0153609
to Alexander De Constitution de la Constitution de		•
lational PharmPak ervices, Inc.	3450 East Pike Zanesville OH 43701	RN0209583

Wednesday, January 05, 2000

Page 2 of 3

Distribution Center	Address		DEA Number	
Williams Drug Dist., Inc.	1000 Linden Ave	i. .	PT0186038	
	Zanesville O	H 43701	17010003	
National PharmPak	850 Airport Distribution Drive		RN0244967	-
Services, Inc	Zanesville O	H 43701	1110244501	
National PharmPak	1000 Linden Ave	nue	RN0231427	
Services, Inc	Zanesville O	H 43701		

Wednesday, January 05, 2000

Page 3 of 3

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019275

FORM NAME:

LIMITED POWER OF ATTORNEY

_ FORM NUMBER:

DEA # 25

FUNCTION:

Used for a change of pharmacy ownership and continuing operation on a previous owner's DEA registration.

	٠	<u>LIMITED</u>	POWER	OF.	ATTORNEY
--	---	----------------	--------------	-----	----------

(Name of Registrant) (Address of Registrant)
(DEA Registration Number)

WHEREAS, (hereinafter referred to as "Seller") and (hereinafter referred to as "Buyer"), have executed a Purchase Agreement dated and related documents, all with the intent of transferring a pharmacy known as (the "Pharmacy") and

currently

WHEREAS, the transfer referred to in said Purchase Agreement is to take place, or has taken place, on or about and

WHEREAS, the parties to the Purchase Agreement and this Power of Attorney desire that the business carried on at shall continue without interruption while BUYER obtains a DEA registration and the various licenses necessary in the State of and until the transfers referred to in said Purchase Agreement take place; and

WHEREAS, such licenses are currently possessed by the Seller.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained in the Purchase Agreement and related documents, and in an effort to implement the same, I, , who is authorized to sign the current application for registration of the abovenamed registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents do make, constitute, and appoint , my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in accordance with Section 309 of the Controlled Substances Act (21 U.S.C. 828) and Part 305 or Title 21 of the Code of Federal Regulations for Pharmacy located at Such appointment shall authorize buyer to take all actions permitted by the undersigned pursuant to the aforesaid licenses, with respect to the management of the Pharmacy. I hereby ratify and confirm all that said Attorney-in-Fact shall lawfully do or cause to be done by virtue hereof; including the use of the DEA number of Seller until such time as a new DEA number and State pharmacy licenses are issued from the proper federal and state authorities.

IT IS FURTHER UNDERSTOOD that after the Closing Date in the Purchase Agreement, at such time as the undersigned no longer owns the assets of the pharmacy aforementioned, the operation of said pharmacy shall be solely in the control of Buyer and that nothing herein shall be construed so as to cause Buyer to be deemed the employee of the undersigned for any reason whatsoever, and that no action taken by Buyer shall give rise to any liability of the undersigned to any third party.

first to occur of	ted by both parties that this appointment of Attorney-in-Fact shall term. Buyer obtaining all necessary licenses to operate the Pharmacy, or of Attorney cannot extend beyond 45 days of closing.)	ninate on the
	Ву:	
	, accept the foregoing appointment, and I represent and warrar rmacist, licensed to practice pharmacy in the State of ed herein as Attorney-in-Fact and, that the signature affixed hereto is n	, and I am
	· Ву:	

FORM NAME:

DEA AND ARCOS DIVISION AUDIT RECAP

FORM #:

DEA # 26

FUNCTION:

Used to facilitate compliance with DEA record keeping and reporting requirements and assist the Corporate Compliance Department in monitoring divisional compliance and

identifying potential problem areas.

DISTRIBUTION:

This form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department. One copy to your group office if applicable. One copy must

remain on file at the division.



DEA & ARCOS DIVISION AUDIT RECAP

te_			Di	vision	
			Counts		
	DP Number	Product	<u>Actual</u>	<u>QOH</u>	<u>Variance</u>
				-	
					
				<u> </u>	
				-	. —————
	Discrepancies to coun	ts and follow-up a	action taken		
				ing area for customer retu	irns.
		Yes			
	Receiving Area - No			nattended in receiving.	
		Yes		•	
i).	Review of prior month			of narcotic blanks.*	
	COMPLIANCE				
).	Review of prior mont	h's DEA green co	py of form 222.		
	COMPLIANCE	Yes	No		
	Review of prior mont	h's blue receiving	copy of narcotic	blanks for purchases	
	COMPLIANCE	Yes	No		
	Division Manager or	designee has appro	oved and initiale	d blanks for excessive cu	stomer purchases.
	COMPLIANCE	Yes	No		
	DEA form 106 submi	tted timely to DE	A for variances,	losses or thefts.	
	Date variance oc	curred		Date loss/theft ocurred	
	Date form 106 w	as submitted		. Date form 106 was sub	mitted
	(attach copy of F				
	DEA Form 41 submit	ted for destruction	n and verificatio	n of ARCOS submission.	
	COMPLIANCE	Yes	No		
	Excessive purchase re	eport on file with o	copies of contac	t sheets sent to state and	local DEA offices.
	COMPLIANCE				
				receipt copy, from prior	month.
	COMPLIANCE	Yes	No		
(a).	Month-end physical of	ycle counts for va	ult and cage wit	th no variances.	•
	VARIANCES	Yes	No	If no, how many new v	ariances this month
(b).	Compliance to follow	-up variance proc		•	
	•	Yes	No	,	
	ARCOS errors report				
		Yes			
Atta	ch copies of blanks fo				
	•				
			•		
				Division Manage	er's Signature

EXHIBIT A

12/30/94 19:49				. 25MG A UPJOHN COM	SD/300 A Lemmon co.	IMG A Geneva Pha	55/650 'A Uyeth-ayer	HG A	€
Run Date: Run Time: Page :	e inventory s distribution ss <u>12-30-9Y</u> , Regulations:	Lame	10/0d	TABS 0.25MG 000009-0029-01 UPJOH	000093-0150-10 LEMMO	TABS 1 000781-1328-05 GEN	TABS 65/650 000008-0085-01 UYETH	TABS 0.5 MG 000009-0055-01.UPJOHN	TABS
WHITHIRE DIST CORP- MILWAUKEE Controlled Bubstances inventory	• M M C		102/30/c	XANAX 100 0000	. AFAF/COD 1000 0000	ALPRAZOLAM 500 0007	WYGESIC 100 0000	100 0000	FIORINAL
WHITMIRE DIST (CONTROLLED SUBS	report cont Substances use at the c with the Co	ARCOS ANNUAL INVENTORY Am-XELECT	2)30/9/ Date				\ \		
1 N V 2 4 0 J 1 N V 2 4 6 L 0 3 4		AARCO AARCO	2/30/ Date	49 242	30 118	01 19	9E E0	57 228	7 EU SI
	F 0 0 4			088-7	258-350	859-0	1-160	088-79	5. 9. 0. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Report Uhsent		B @ L U d		60A\$42	60A+U1	60A*52	60B+21	22 + 80 9	門記事品で、

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019281

EXHIBIT B

- STOP

PERSONNE **WAREHOUSE SHO**

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

ACTIO DISCIPLINARY JNAUTHORIZED PERSONNEL SUBJECT

UDING DISCHARGE

THIS ANNOUNCEMENT MADE NECESSARY BY INCREASED THE HANDLING AND CONTROL OF DANGEROUS DRUGS STATE AND FEDERAL RESTRICTIONS PERTAINING TO

EXHIBIT C

EXHIBIT D

RULES AND REGULATIONS AS PUBLISHED BY THE DRUG ENFORCEMENT ADMINISTRATION EFFECTIVE APRIL 17, 1975

1301.91 Employee Responsibility to Report Drug Diversion

such information as confidential and shall take all reasonable steps to protect the Reports of drug diversion by fellow employees is not only a necessary part of an information to a responsible security official of the employer. The employer shall treat confidentiality of the information and the Identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such overall employee security program but also serves the public interest at large. security area. The employer shall inform all employees concerning this policy.

1301.92 Illicit Activities by Employees

regarding their continued employment. The employer will assess the seriousness of It is the position of DEA that employees who possess, sell, use or divert controlled the employee's violation, the position of responsibility held by the employee, past substances will subject themselves not only to State or Federal prosecution for any record of employment, etc., in determining whether to suspend, transfer, terminate or illicit activity, but shall also Immediately become the subject of independent action ake other action against the employee

EXHIBIT E

by increased announcement made necessary pertaining restrictions Federal

GRR900 12/29/95	CARDINAL HEALTH, INC.		PAGE	4
	SUSPICIOUS ORDER	•		

KINGSPORT

ITEM # DESCRIPTION	SIZE FM PK	NOV 94	DEC 94	JAN 95	FEB 95	MAR 95	APR 95 PAS	т нтн	INCREASE
CUSTOMER#- 003830 KINSER DRUG STORE DEA #- AK0408395 142 EAST CUMBERLAND * = BROKERAGE ITEM KINGSTON TO	37763						•		
126207 DEMEROL SOMG 30CC D150 WIN C2	10Z SL EA	0	0	0	0	0	1	50	900.00%
CUSTOMER#- 003876 KROGER PHARMACY #544 DEA #- BK1248904 1489 MADISON STREET * = BROKERAGE ITEM CLARKSVILLE TA	37042								
126196 DEMEROL 50MG 100S D131 WIN C2 220300 APAP W/OXYCOD 5MG RG C2	100 TB EA 100 TB EA	0	0 0	0	0 0	0	2 2	6 7	200.00% 250.00%
CUSTOMER#- 003877 KROGER PHARMACY #886 DEA #- BK1124560 11238 KINGSTON PIKE # = BROKERAGE ITEM KNOXVILLE Th	37922								
139354 METHYLPHENIDATE SMG RG	100 TB EA	0	0	0	0	0	4	10	150.00%
CUSTOMER#- 003888 KROGER PHARMACY #519 DEA #- AK2238295 170 E MAIN STREET * = BROKERAGE ITEM HENDERSONVILLE TA	37075								
101458 RITALIN 10MG 100S 7416 CIBA C2	100 TB EA	0	0	0	0	0	1	5	400.00x
CUSTOMER#- 003890 KROGER PHARMACY #513 DEA #- AK2618063 5425 CLINTON HIGHWAY # = BROKERAGE ITEM KNOXVILLE TN	ı 37912								
133813 ROXICET 5MG ROX C2	100 TB EA 100 TB EA 100 TB EA	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	1 1 4	4 6 9	300.00x 500.00x 125.00x
CUSTOMER#- 003895 KROGER PHARMACY #598 DEA #- AT9477301 380 S ILLINOIS AVENUE # BROKERAGE ITEM OAK RIDGE TH	37830								
	100 TB EA 100 TB EA	0	0 0	0	0 0	0	. 3 5	21 22	600.00x 340.00x
CUSTOMER#- 003902 KROGER PHARMACY #875 DEA #- BKO812734 801 MEMORIAL BLVD * = BROKERAGE ITEM SPRINGFIELD TN	37172								
220300 APAP W/OXYCOD 5MG RG C2	100 TB EA	0	0	0	0	0	3	7	133.33%

Bill Mason - MIS Dublin



EXHIBIT G

VIOLENCE PREVENTION PROCEDURES IN CASE OF ROBBERY

DO

REMEMBER, THE SAFETY OF YOU AND YOUR EMPLOYEES IS THE NUMBER ONE

CONCERN. **KEEP IT SHORT AND SMOOTH.** The longer the robbery takes, the more nervous the robber becomes. Handle the entire procedure as if you were making a sale to a customer. The average robbery takes less than two minutes. OBEY THE ROBBER'S ORDERS. Robbers seldom hurt people who cooperate with them. Let the robber know that you intend to obey. If you are not sure of what the robber is telling you to do, ask. Keep calm and observe what the robber looks like and what he is wearing. Remember exactly what he says. Try to get the robber out of the building as soon as possible. TELL THE ROBBER ABOUT ANY POSSIBLE SURPRISES. If you must reach for something or move in any way, tell the robber what to expect. If someone is in the cage or vault. \Box If the alarm system must be turned off, tell the robber. CALL THE POLICE. Do not hang up until they tell you to do so. Notify the Cardinal Health, Inc. Compliance Department as soon as possible. Keep their numbers near the phone. Stay on the phone until they tell you they understand and have all the information they $\boldsymbol{\sigma}$ Keep at least one line into the division open for incoming calls. Write down a description of the robber and what they said. Protect the crime scene. Discontinue business until the police are finished. Do not touch \Box any evidence. **DON'T** DON'T ARGUE WITH THE ROBBER. Give him all the cash and merchandise he wants. \boldsymbol{a} Remember, the robber has the upper hand — follow instructions. DON'T FIGHT WITH THE ROBBER. The merchandise is not worth risking physical harm. \Box Trying to overtake a robber is foolish, not heroic. a DON'T USE WEAPONS. Weapons breed violence. DON'T CHASE THE ROBBER.

You could be mistaken as the robber by the police.

FOIA Confidential Treatment Requested By

а

CAH SWE 019287

Cardinal

CHART II TABLE OF OFFENSES AND PENALTIES UNDER THE CONTROLLED SUBSTANCES ACT

EXHIBIT H

·	First Offense	Second Offense
REGISTRANT OFFENSES		
(COMMERCIAL) COMMITTED KNOWINGLY	Mass	
The same of the sa	Max:	Mex:
	1 yr., \$25,000	2 yrs., \$50.000
	Max:	Max:
OTHER COMMERCIAL VIOLATIONS	\$25,000	\$50.000
	(civil fine)	(civil fine)
DISTRIBUTION OF I & II SUBSTANCES NOT PURSUANT TO ORDER FORM, FALSE RECORDS, COMMUNICATIONS	Max:	Max:
VIOLATION, ETC.	4 yrs., \$30,000	8 yrs., \$60,000
		0 7.5., \$60,000
EEL ONLY MOUNTED AND DECEMBER	Max:	Max:
FELONY VIOLATOR AND ORGANIZER	Life, \$100,000	Life, \$200,000
OR LEADER IN CONTINUING CRIMINAL	Profits, Assets	Profits, Assets
ENTERPRISE (SUBSTANTIVE OFFENSE)	Min: 10 yrs.	Min: 20 yrs.
UNLAWFUL DISTRIBUTION, POSSESSION		Max:
WITH INTENT TO DISTRIBUTE, MANU-		
FACTURE, ETC. (INCLUDES REGISTR-	Max:	30 yrs., \$50,000
TRANTS) NARCOTICS IN SCHEDULES I & II		Special Parole:
The state of the s	15 yrs., \$25,000	6 yrs.
NONNARCOTIC SCHEDULE I, II AND	Max:	Max:
ALL III SUBSTANCES	5 yrs., \$15,000	
	3 715., \$15,000	10 yrs., \$30,000
	Max:	Max:
SCHEDULE IV SUBSTANCES	3 yrs., \$10,000	6 yrs., \$20,000
	Max:	Max:
SCHEDULE V SUBSTANCES	1 yr., \$5,000	2 yrs., \$10,000
UNLAWFUL IMPORTATION OR EXPOR-		
TATION		
NARCOTICS IN	Max;	Max:
SCHEDULES I & II	15 yrs., \$25,000	30 yrs., \$50,000
NONNARCOTIC SCHEDULE	Max:	. May:
I & II AND ALL III SUBSTANCES	5 yrs., \$15,000	Max:
The state of the s	3 713., \$13,000	10 yrs., \$30,000
SCHEDING IN CHESTANGES	Max:	Max:
SCHEDULE IV SUBSTANCES	5 yrs., \$15,000	10 yrs., \$30,000
DANGEROUS SPECIAL DRUG OFFENDER WHO (A) IS AN ADULT AND (B) IS		
CHARGED WITH FELONY, AND 1) HAS		
TWO CONVICTIONS AND HAS SERVED	••-	
ME IN PRISON, OR 2) DEALS REG-	Max:	
JLARLY FOR PROFIT OR 3) IS AN	25 yrs. Same	None
RGANIZER OF CONSPIRACY. (SEN-	fine otherwise	
-: ENCING PROVISION)	prescribed	
SIMPLE POSSESSION OR DISTRIBUTION OF ANY		
CONTROLLED SUBSTANCE FOR NO		
	Max:	Max:

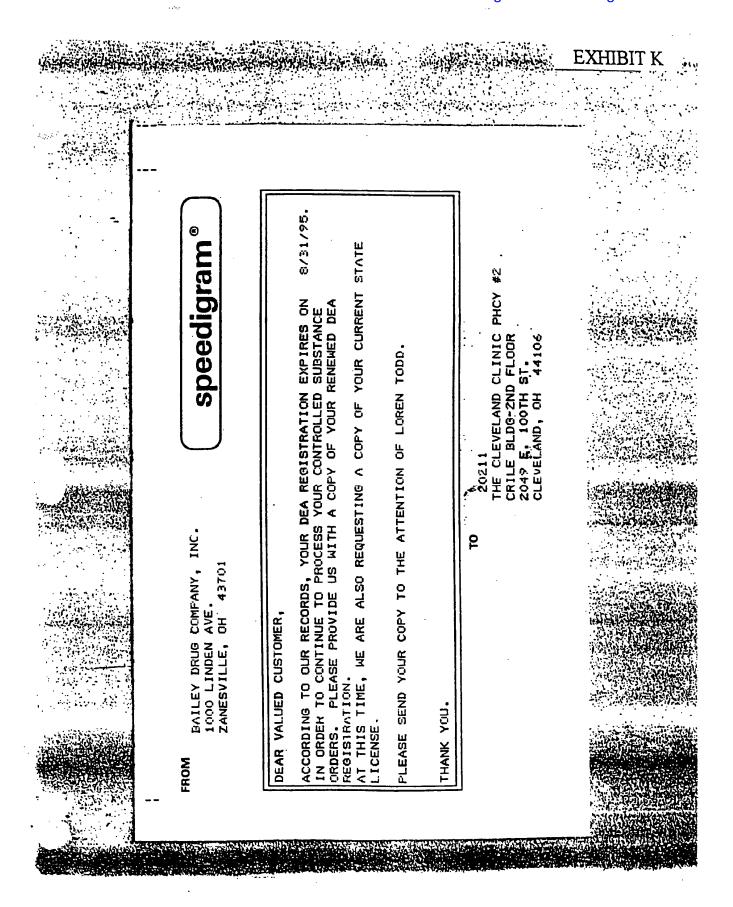
FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019288

EXHIBIT	
PVITIBIL	

PAGE 1	_					DEA # AH8966840 AH8966840		DEA #	BK25 65022 AHB966840 AHB966840 AHB966840 AJ7152197 AJ7152197	Анв 9 668 40		TEXT-EXPIRED MERCHANDISE
			019616	19616 Y 13211		5 63376 5 63376			93534			TEXT
. U N N N N	TED ITEM AUDIT REPORT EA EA VENDOR-11860 UDL LABORATORIES	DEA#- PO BOX 10319 ROCKFORD , IL 611313019	DIFFERENT FROM ABOVE) BOX 6041, PEABONY, MA	W. DALY, INC., PO BOX 6041, PEABODY, HAN NAL SYRACUSE, 6012 MOLLOY ROAD, SYRACUSE,		CUSTOMER BERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO BERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO			DED, 4201 SOUTH CLOVERLEAF, STE 2B, LANCASTER, CADED, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 61376 DED, 4201 SOUTH CLOVERLEAF, ST PETERS, HO 61376 DED, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 61376 NIC, 130 HEDICAL CENTER DRIVE, WOODRUFF, SC 293881 NIC, 100 HEDICAL CENTER DRIVE, WOODRUFF, SC 293881	4201 SOUTH CLOVERLEAF, ST PETERS, MO 63		ADJUSTMENT CODE- MINUS VERIFICATION ADJUSTMENT CODE- CREDIT RETURNS AUTHORIZED SCRP
	S E L E C SYR 100UD C4 100		02/95 DATE REC DEA #			CRD DATE 8/03/95 RO 8/10/95 RO		CUSTOMER	HIGH DESERT MEDICAL GROUP, ROBERT E HAWKINS DND, 4201 ROBERT E HAWKINS DND, 4201 JAMES WILLMOT CLINIC, 190 JAMES WILLMOT CLINIC, 100			2/24/95
	500MG 5		TO-11/02, REC DA:	444		T CUST		บ	H ROI PROI			DATE-
	AL HYD		M- 1/01/95 TO-1 QTY ORD QTY REC	R		X VEND		QTY	ee ee	-		19
11/02/95	EM-035530 CHLORAL HYD 500MG			1441100 1546800 1554600	REDIT RETURNS	RETRN STOCK	USTOMER SALES	SHIP DATE	95/01/04 1 95/07/13 1 95/06/30 1 95/06/30 1 95/08/03		AD JUSTMENTS	QUANTITY-
0.5	.EM-0		EIVE	155	REDIT	EMO # 20549 21019	USTON	VOICE	46168 67384 60331 74154 83528	85953	ZQ.	90

The second secon		EXHIBIT J
	CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537	
strolled Substances Act or write reads in part as a 304. (a) A registration pursuant to section and a document a committed substance may be autoented or reviupon a landing that the registrantial processing the processing strong that the registrantial processing the processing strong results.	0 marusacture, distribute, or Other by the Attorney General DEA REGISTRATION THIS REGISTRATION	FEE PAID
(2) has been convicted of a telony under without of the United States, or of any State dehated in this tile as a committed experience	PW0191685 05-31-96	\$438.00
(3) has had his State scenee or registrationed by competent State authority and is the manufacturing, id controlled substances.	and supported. revoked, or no longer supported by Scheputes SCHEDULES SUSINESS ACTIVITY 2 • 3 • 3N • 4 • 5 OISTRIBUTO	DATE ISSUED 08 04-20-95
	WHITMIRE DISTRIBUTION CO DBA CARDINAL HEALTH 3530 PAN AMERICAN FWY NE ALBUQUERQUE, NM	
		<u></u>]
THIS CERTIFICATE IS NOT TRANSFERABL AFTER THE EXPIRATION DATE.	E ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS AC	TIVITY, OR VALID



EVIIDIL	EXHIBIT	L
---------	----------------	---

December 1, 1995

DEAR VALUED CUSTOMER:

Our records indicate that your D.E.A. Registration Certificate expires as of

Please provide us with a copy of your current Registration Certificate as soon as possible to avoid service interruption of Controlled Substance Items.

A self-addressed envelope is enclosed for your convenience.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Division Manager

CARDINAL HEALTH DEA REGISTRATION VERIFICATION FORM

ear Customer:	
ne Code of Federal Regulations (21 CFR 1301.74(a)) requires that we maintain your current
EA and State registration numbers in our files. Ple auscribe the pertinent information.	ase allow our sales representative to
•	
DEA CONTROLLED SUBSTANCES	REGISTRATION CERTIFICATE
Customer Name:	
Address:	
	<u> </u>
Registration Number: /	
	·
Expiration Date:	
(Circle permitted schedules	2 2N 3 3N 4 5)
STATE REGISTRATIO	N CERTIFICATE
Registration (License) Number:	
expiration Date:	
SIGNATURE	
SIGNATURE	(Cardinal Health Sales Representative)

CAH	
SWE	
019	
29	

un Date 1: onth actor Used	1 Oct 95				Solomons Com Suspicious Order M Arcos Repor For Hospitals/Mana	Monitorin	1 p		Page: 1 SOR130PF
*********	Order Date	Order Humber	Item Humber	HDC Number	Item Description	Narc Code	Qty Sold	Item Grams	Total Grams
ustomer:	1073 AM	IERICAN HE	DICAL DIL	LLING SERV 401	DA PLEASANT HONE RD)	AUGUSTA	GA 30907	DEA 3A4479019
Ingre	dient: 91	93 HYDROC	ODONE BIT	/ARTRATE					
	10/02/95 10/11/95 10/02/95 10/13/95 10/11/95 10/31/95 10/17/95	5 2234093 5 2214037 5 2223938 5 2214037 5 2225790 5 2223938 5 2237143 5 2227771 5 2219561	169533 231178 231178	102-174505 454-040101 59430-010004 50474-092501 50474-09991 40951-044070	HYDROCODN W/APA HYDROCODN W/APA BANCAP-HC 1005 PROTUSS LIQ 402 LORTAB 2.5MG 10 LORTAB ELIXIR P HYDROCODOME/APA HYDROCODOME/APA HYDROCODOME/APA	3R 3R 3R 3R 3R	1 1 1 1 1	1.51125 1.51125 .30270 .07141 .15135 .14323 .45405 .45405	1.51125 1.81125 .30270 .07161 .15135 .14323 .45405 .45405
Ingre	idiant: 93	300 MORPHI	INE SULFA	TE.5H20				Customer Total: Ingredient Limit:	5.05354 4.86380
	10/19/95 10/30/95 10/09/95 10/19/95 10/31/95 10/16/95 10/02/95 10/31/95	5 2231054 5 2229180 5 2235780 5 2221139 5 2229185 5 2224768 5 2216465 5 2236852 5 2236852	144647 145056 181087 181087 234445	441-014825 54-378563 54-378563 441-234541	MORPH SUL 2MG 1 MORPH SUL INJ 5 MORPHINE SUL 10 MORPHINE SUL 10 MORPH SUL INJ 1 MSIR 0/S CONC 2 MS CONTIN 15MG MS CONTIN 15MG MS CONTIN 15MG MSIR 15MG 100S MSIR 30MG 100S	22222222	2 2 2 5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.01504 .11750 .75200 .75200 .22540 1.00480 1.12800 1.12800 1.12800 2.25400	.03008 .11750 1.50400 1.50400 1.12800 3.60960 1.12800 1.12800 2.25600
								Customer Totel: Ingredient Limit:	13.53318 12.24846
Ingre	dient: 98	001 FENTAN	YL CITRAT	re					
	10/05/95 10/16/95 10/05/95 10/02/95 16/30/95 10/16/95	5 2224768 5 2219349 5 2226760 5 2219349 5 2214445 5 2235700 5 2224768 5 2214445	104363 104363 104365 104365 104365 204368 204368 204368	50458-003405 50458-003405 50458-003405 50458-003305 50458-003305	DURAGESIC 75MCG DURAGESIC 75MCG DURAGESIC 50MCG DURAGESIC 50MCG DURAGESIC 55MCG DURAGESIC 25MCG DURAGESIC 25MCG DURAGESIC 25MCG	2 2 2	1 2 3 2 3 3 3	.03750 .03750 .02500 .02500 .02500 .01250 .01250	.03750 .07500 .07500 .05000 .07500 .03750 .03750
								Customer Total: Ingredient Limit:	.42500 .27236

EXHIBIT M

Case 3:17-cv-01362 Document 1513-1 Filed 01/13/22 Page 103 of 157 PageID #: 74551 CUSTOMER DEA EXCEPTION REPORT PAGE NU. DATE 12:3

COD0820		CUSTOMER	DEA EXCEPT	٦N .	REPORT		-
CARDINAL	H AVANNAH						
CUST #	CUSTOMER	ADDRESS	CITY / SIATI	E	Z 1 P	DEA NUMBER	DEA EXP. DATE
		COLL CLD CALLANDIAL DCA	AUGUSTA	ÇA	30906	AS1926952	02/28/97
02955-0	SOUTHSIDE PHARMACY	2711 OLD SAVANNAH ROA		GA	31510	AS2009579	02/28/99
18062-0	SCOTT'S PHARMACY	WAYNE & 15TH STREET	ALMA	SC	29853	AS2146303	02/28/97
18074-0	SMITH'S DRUG STORE	P. O. BOX 388	WILLISTON	GA	31404	AS4879512	02/28/94
02800-0	SAUERS DRUG STORE	2303 SKIDAWAY ROAD	BAVANNAH		31520	AS5386087	02/28/99
02710-0	ROGERS DRUG STORE	1429 NEWCASTLE ST.	BRUNSWICK	GA GA	31021	AS8995295	02/28/97
11360-0	STRANGE DRUG CO	122 S JEFFERSON ST	DUBLIN	GA	30643	AS9319725	02/28/97
18045-0	SCOTTIE DISCOUNT DRUG	9 S. FOREST AVE.	HARTWELL	FL	32207	AS9486742	02/28/99
03795-0	ST. NICHOLAS PHARMACY	3105 BEACH BLVD.	JACKSONVILLE	GA	31023	AT9068520	11/30/96
02595-0	PROFESSIONAL PHARMACY	103 PROFESSIONAL CTR	EASTMAN	SC	29810	AT9435113	11/30/93
03028-0	THE PRESCRIPTION SHOP	413 MEMORIAL AVE.	ALLENDALE	SC	29115	AW0345252	05/31/94
18297-0	WIL-BUN PHARMACY	3365 TAMERA LANE	ORANGEBURG	GA	31794	AW1171343	05/31/97
03270-0	WRIGHT'S DRUG STORE	217 MAIN STREET	TIFTON HEMINGWAY	SC	29554	AW3096737	05/31/94
18287-0	WILLIAMSBURG PRESC. C	101 SOUTH MAIN STREET	LYONS	GA	30436	BA1599440	06/30/94
17020-0	AKINS PHARMACY	104-A SOUTHEAST BROAD	N. CHARLESTON		29406	BB1150907	07/31/93
17094-0	BERKELEY PORT CITY	DRUG CO.	N. CHARLESTON		29405	BB1649954	07/31/97
17063-0	BAKER PARK PHARMACY	2750 SPEISSEGGER	ALPHARETTA	GA	30202	BC1795080	08/31/94
05360-0	T-2 MEDICAL, INC.	(BILL TO ONLY) 1 N. BROOKS ST	MANNING	SC	29102	BC1929415	OB/31/95
17255-0	CLARENDON DRUGS, INC.		CHARLESTON	sc	29407	BC2498435	08/31/96
01481-1	CAREMARK PHARMACY SER	1941 SAVAGE ROAD SUI 1200 WOODRUFF RD. UNI	GREENVILLE	SC	29607	BC3517705	08/31/95
01482-2	CAREMARK INC.	116 WEST RICHARDSON A	SUMMERVILLE	SC	29483	BC3880704	08/31/96
17666-0	COMP-RX-CARE INC.	9143 PHILLIPS HIGHWAY	JACKSONVILLE		32256	BC4058473	08/31/97
01480-0	CAREMARK PHARMACY SER	S. PALMETTO AVE.	DENMARK	sc	29042	BD3555387	06/30/96
01725-0	DANIEL'S PALMETTO PHA	7634 A-2 SOUTH RAIL R	N. CHARLESTON		29406	BD3974121	06/30/97
01750-0	DOCTOR'S MED SUPPLY &	1205 GREENVILLE HIGHW	LYMAN	SC	29365	BD3995959	06/30/97
01720-0	DARYL'S DISCOUNT DRUG	1100 EISENHOWER DRIVE	SAVANNAH	GA	31406	BE0201462	08/31/96
10439-0	ECKERD'S #2710	229 GENERAL SCREVEN D	HINESVILLE	GA	31313	BE0277954	10/14/94
10422-0	ECKERD DRUG #2702	373 WASHINGTON STREET	WALTERBORD	SC	29488	BF3238436	09/30/95
02090-0	HIOTT'S PHARMACY	401 NORTH AVE.	ATHENS	GA	30401	BG3396947	09/30/95
17513-0	GATEWAY PHARMACY	P. O. BOX 219	HARTWELL	GA	30643	BH0365266	10/31/96
17491-0	HAILEY'S DRUG STORE	ASST IS CLOSED	DO NOT USE	GA	31326	BH2234742	10/31/92
10626-0	HARDEN'S PHARMACY	9440-3 PHILLIPS HWY	JACKSONVILLE	FL	32256	BH2733459	10/31/96
02048-8	HEALTH INFUSION INC.	9-F HUNTER RD.	HILTON HEAD	SC	29925	B12513706	11/30/96
17563-0	ISLAND PHCY SERVICES	3 BLACKSTOCK ROAD	INMAN	BC	29349	B [2900721	11/30/94
02130-0	INMAN DRUGS INC. INFUSION THERAPIES	1210 E DERENNE AVE	SAVANNAH	GA	31406	B13012781	11/30/94
10402-0	JOHNSONVILLE PHARMACY	P. Q. BOX 989	JOHNSONVILLE	SC	29555	BJ1231517	12/31/93
17635-0	JOHN BECK PHCY SERVIC	D/B/A HESS FAMILY DRU	DAKWOOD	GA	30566	BJ2760076	12/31/93
17633-0	JACKSONVILLE FACULTY	CLINIC	JACKSONVILLE	FL	32209	BJ2770065	12/31/96
03589-0	JOHN BECK PHARM. SERV	D/B/A FAMILY DRUGS	DAKWOOD	GA	30566	BJ2867577	12/31/94
17634-0 02226-0	WESTSIDE PHARMACY	3624 J. DEWEY GRAY CI	AUGUSTA	GA	30909	BL0157758	03/31/94
10803-0	LIFELINE PHARMACY	4704 AUGUSTA ROAD	GARDEN CITY	GΑ	31418	BL3872808	03/31/97
17791-0	MCLESKY TODD DRUG	554-D MEMORIAL DR EXT	GREER	SC	29651	BH0497241	01/31/97
17743-0	MADDEN'S PRESC. SHOP	42 CHESTNUT STREET	ELBERTON	GΑ	30635	BM2062646	/ /
11277-0	SCOTTIE DISCOUNT DRUG	265 KING ST	CHARLESTON	SC	29401	BM2303282	01/31/96
02272-0	KIMBERLY QUALITY CARE	D/B/A COMPREHENSIVE	SAVANNAH	GΑ	31406	BM2434330	01/31/93
02272-0	MAIN STREET PHARMACY	306 MAIN STREET	BLACKVILLE	SC	29817	BM2441094	01/31/96
02416-0	MEDICAL PAVILION PHCY	25 HOSPITAL CTR. BLVD	HILTON HEAD	SC	29926	BM3942249	01/31/97
02480-0	NAVCARE PHARMACY-MAYP	2444 MAYPORT RD. #11	JACKSONVILLE	FL	32233	BN1575387	10/31/94
02565-0	PHAR - MOR #104	660 SPARTAN BLVD	SPARTANBURG	SC	29301	BP1111599	03/31/96
02566-0	PHAR - MOR #210	2441 WHISKEY ROAD SOU	AIKEN	SC	29801	BP2269389	03/31/96
02300-U							

EXHIBIT N

EXHIBIT O

Capy for Instructions comple					der form may be issued for Schedule 1 and II substances unless a leted application form has been received, (21 CFR 1305.04).						OMB APPROVAL No. 1117-0010		
TO	Name of	Supplieri				15	TREET	ADDRESS					
		W. DALY.	INC.					11 CENTENNIAL DR	IVE	•			
CIT	Y and ST	ATE		DA	TE			TO BE FILLED IN BY SUPPLIER					
PEABODY, MA 01961 11/06/9					6/92	SUPPLIERS DEA REGISTRATION No.							
TO BE FILLED IN BY PURCHASER No. of Size of Name of Item													
Ĩ.	No. of Packages	Size of Package.		Name of Item				National Drug Code	ļ	Packages Shioced	Date Shipped		
1	1	100	PERCODAN	XXX	TABS			1 1 1 1 1 1 1 1					
2	1	500	PERCOCET	NOW	TABS	5/325			111				
3	1	118 HL	OPIUM TINCTUR	E	TŢŌD				<u>) </u>				
4	1	100	CODEINE SULFA	TE XXX	TABS	15MG							
5	1	500 HL	ROXICET ORAL		SOLN	5MG			11				
F	1	100	MS CONTIN CR		TABS	15MG			11				
									1 1				
9									111				
10								11111111	111				
	6	NO. OF LI		OF PURCHA		. ~	i R	ish (ma mi	<u>'</u> ^				
O	becam en	CONT. EL	DEA Registration No.		Name and	Address o	Registre	m					
	10-	-30-92	BW3397	951		HALE	REEN	EASTERN CO INC.	C2823	3			
S	nedules							REENS					
2,2N,3,3N,4,5					E41 HESTERN AVE					01505			
Registered as a No. of this Order Form				LINN	y FA			01202					
F	RETL	PHARMAC	9223802	221									
				JG ENFO		T ADMI	SCHEDULES I & II	4	6408	031			

Excessive Purchases Schedule II

EXHIBIT P

Product Codeine Sulf	Strength All	Hospital 800 Tabs	Retail 400 tabs	
Dextroamphetamine (Dexedrine, Dextrastat)	All	700 Tabs/Spans	800 Tabs/Spans	
Desoxyn	All	300 Tabs/Grad	500 Tabs/Grad	
Hydromorphone (Dilaudid)	All	900 Tabs	500 Tabs	
Methadone (Dolophine)	All	2000 Tabs	700 Tabs	
Meperidine (Demerol, Meprozine,	All	600 Tabs	400 Tabs	
Mepergan Fortis) Methlyphenidate (Ritalin)	All	800 Tabs	800 Tabs	
Morphine Sulfate (MS Contin, MSIR, Oramorph)	All	600 Tabs	500 Tabs	
Oxycodone/Acet (Tylox, Roxilox, Roxicet, Percocet, Endocet)	All	3800 Tabs/Caps	1200 Tabs/Caps	
Oxycodone/Asa (Percodan, Endodan, Roxiprin)	All	500 Tabs	500 Tabs	
Oxycodone (Oxcontin, Roxicodone)	All	800 Tabs	600 Tabs	

Excessive Purchases Schedule III, IV, V

EXHIBIT P

Dosage Limit

Product	Strength	Hospital	<u>Retail</u>
Acetamenophen w/Cod (Tylenol w/Cod, Phenaphen)	All	1400 Tabs	1300 Tabs
Alprazolam (Xanax)	All	1400 Tabs	2500 Tabs
Butalbital Compound (Florinal w/Cod, Fiortal, Fioricet w/ Cod)	All	500 Tabs/Caps	500 Tabs/Caps
Aspirin w/Cod	All	300 Tabs	400 Tabs
Clorazephate (Klonopin)	All	1000 Tabs	800 Tabs
Clorazephate (Tranxene)	All	700 Tabs	1300 Tabs
Diazepam (Valium)	All	1000 Tabs	2500 Tabs
Dexfenfluramine (Redux)	Ali	400 Caps	500 Caps
Diphenoxylt/Atropine (Lomotil, Lonox)	All	1600 Tabs	7500 Tabs
Dronabinol (Marinol)	Ali	300 Tabs	400 Tabs
Fenfluramine HCL (Pondimin)	All	800 Tabs	1700 Tabs
Hydrocodone (Anexsia, Dolaset, Hydrocet, Hycodan, Hyphen, Lorcet, Lortab, Zydone, Vicodin)	All	1200 Tabs/Caps	800 Tabs/Caps
Lorazepam (Ativan)	All	1200 Tabs	2400 Tabs
Meprobamate (Miltown, Equanil)	All	600 Tabs	1400 Tabs
Phentermine (Ionamin, Fastin, Adipex-P)	All	600 Tabs	1100 Tabs
Pentazoline (Talwin, Talacen)	All	700 Tabs	700 Tabs
Propoxyphene (Darvon, Darvocet, Propacet)	All	1100 Tabs	1900 Tabs
Temazepam (Restoril)	All	700 Caps	800 Tabs

Exhibit Q

Error Correction

In the following examples, assume the worst case — the order was shipped to the customer. Also assume the shelf count confirms the error.

Although these examples only address shipping errors involving Schedule II controlled substances, certain portions of the corrective action processes also apply to shipping errors involving Schedule III-V controlled substances which must be handled in a similar fashion.

Example 1: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 10mg 100. The order filler picks Ritalin 10mg 100. Customer receives and is invoiced for the wrong item.

Corrective Action:

- Request the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date, change the blank number in the ARCOS record. The blank number cannot be changed on the invoice.
- Key in the original blank with the correct item (Ritalin 5mg 100). Pick, bill, and ship the product. Attach a legible statement, preferably typed, to the original blank which reflects the correct NDC, ship quantity and date. Create an invoice and ARCOS record for the correct item.
- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to customer.

Example 2: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 5mg 100. The order filler picks Ritalin 10mg 100. Customer gets wrong item, but is invoiced for the right item.

Corrective Action:

- Have the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date. Key in an order for the mispicked item (Ritalin 10mg 100), but do not ship the product. The customer will receive an invoice, but no product.
- Ship the correct product (Ritalin 5mg 100) from the original blank. The customer will get product, but no invoice.
- Change the ship dates of the products in the ARCOS records. The original invoice cannot be changed to reflect the actual ship date.

ERRORS.doc 5/25/99

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019299

 If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to the customer.

Example 3: A customer orders 5xRitalin 5mg 100. The order is keyed as 10xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. Customer was billed for and received more than what he ordered.

Corrective Action:

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record actual ship date of product.
- Correct the ARCOS record to show correct ship quantity for original blank. The blank number and ship quantity cannot be changed on the invoice. Create another ARCOS record to show ship quantity, date, and blank number of overshipment.
- Correct the ship quantity on the original blank by drawing a line through the incorrect quantity and entering the correct quantity.
- If the customer wants to return the extra product, issue a blank to the customer. Upon receipt of the overshipment, issue credit to the customer.

Example 4: A customer orders 5xRitalin 5mg 100. The order is keyed as 5xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. Customer received more than what he ordered or was billed.

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date of the product.
- Key in an order for the overshipment, but do not ship product.
 Reference the actual ship date in the text field of the order.
- Modify the ARCOS record to show the correct ship date of the product.

ERRORS.doc

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019300

6/11/99

Case 3:17-cv-01362 Document 1513-1 Filed 01/13/22 Page 109 of 157 PageID #: 74557

٠.					*			
RUN DATE: '	7/14/99	7:54:53		CARDINAL - SYRACUSE				PAGE: 1
	.,,			MCA Dosage Limit Repor	t (DETAIL)			
MONTH	. JUN 1	999		FOR HOSPITAL/MANAGED CARE				MCAJ007P1
Invoice			NDC		Form	Qty	Item	Total
				-		Sold	Dosage	Dosage
Date	Number	Number	Number	Description				
				N. RIVER & AUBURN ST.				
INGRE	DIENT: 00	2 PSEUD	OEPHEDRINE					
6/02/1999 6/05/1999 6/10/1999 6/19/1999 6/16/1999 6/19/1999	8366378 8377413 8389560 8416539 8405162 8416539	1098649 1098649 1098649 1286640 1321785 1321785	45040542 45040542 45040542 54474325 536302135 536302135	TYLENOL SINUS MAX STRN 24 TYLENOL SINUS MAX STRN 24 TYLENOL SINUS MAX STRN 24 PSEUDORPHED HCL 30MG 100 ALLERFRIM 24 OTC BLST ALLERFRIM 24 OTC BLST	TB TB TB ROX TB WAT TB WAT TB	100 12 12	24 24 24 100 24 24	192 1,152 1,440 10,000 288 286
						CUSTOMER TOTA INGREDIENT LIMI	L: T:	13,360 10,174
				************	*************	***********		****
				15-15 HAZEN STREET				
INGRE	DIENT: 00	3 PHENY	LPROPANOLMINE					
6/03/1999	8369699	1361005	31227764	DIMETAPP EXT 100 UD 2277	64 TB	10	100	1,000
6/03/1999	8369701	1361005	31227764 31227764 31227764 31227764 31227764 31227764 31227764 31227764 31227764	DIMETAPP EXT 100 UD 2277-	64 TB	10 5 10 10 10 10 10 5 10 10 10 10	100	1,000
6/04/1999	8373353	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB		100	500
6/07/1999	8377935	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB	10	100	1,000
6/07/1999	8377942	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB	*3	100	200
6/07/1999	8377946	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB	10	100	1,000
6/07/1999	8378427	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB	10	100	1,000
6/10/1999	8389164	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB	10	100	600
6/10/1999	8389165	1361005	31227764	DIMETAPP EXT 100 UD 2277-	64 TB		100	1,000
6/11/1999	8392866	1361009	31227764	DIMPINE DAY TOO OF SELL	64 TB	10	100	500
6/14/1999	8397468	1361009	31227764	DIMETAPP EXT 100 UD 2277	64 TB	5	100	500
6/14/1999	8397471	1361005	31227764 31227764	DIMETAPP EXT 100 UD 2277	-64 TB		100	1,000
6/17/1999	8409076	1361005	5 31227764	DIMETAPP EXT 100 UD 2277	64 TB	10	100	1,000
6/18/1999	8412502	136100		DIMETAPP EXT 100 UD 2277	-64 TB	10	100	1,000
6/18/1999	8412503	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	10	100	400
6/18/1999		136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	2	100	500
6/21/1999				DIMETAPP EXT 100 UD 2277	-64 TB	2	100	100
6/21/1999	8417137	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	*	100	400
6/21/1999	8417142	136100	E 2122776A	DIMETAPP EXT 100 UD 2277	-64 TB	•	100	500
6/24/1999	8429811	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	•	700	400
6/24/1999	8429813	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB		100	1,000
6/25/1999	8433446	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	1 4 5 4 10	100	500
6/25/1999	8433447	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	•	100	100
6/28/1999	8437992	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	•		500
6/28/1999	8437996	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	5	100 100	
6/28/1999	8437998	136100	5 31227764	DIMETAPP EXT 100 UD 2277	-64 TB	<u> </u>		
				DIMETAPP EXT 100 UD 2277		CUSTOMER TOTA	NL:	16,500 4,121
								•

** BND OF REPORT **

Exhibit R

Exhibit R

United States Department of Justice Drug Enforcement Administration Office of Diversion Control Suspicious Orders Task Force



EXHIBIT II

SUSPICIOUS ORDER REPORTING SYSTEM OF 1998 For Use in automated tracking systems

The Current Calculation Being Used for List I Chemicals and Schedule II - V Controlled Substances

Terms & Definitions

This formula is used to calculate the quantity which, if exceeded in one month, constitutes an order which may be considered excessive or suspicious.

- Add purchase quantities for the last 12 months for all customers within same Distribution Center and for customer type (Hospital, Pharmacy or Other) for any List I chemical containing item stocked by the Distribution Center.
- Add Customer months for every record used in above total. (Months within the last 12 that customer purchases of the item were not zero).
- Divide total quantity purchased by the total customer months.
- 4) Then multiply by the factor below to give the maximum amount that the customer can order per month before showing up on the suspicious order report.
 - Note: Factor equals 3 for C-II and C-III Controlled Substances Containing List I Chemicals and 8 for C-III N-V Controlled Substances and non-Controlled OTC products containing List I chemical items.
- At the end of each month, a report will be transmitted to DEA (separate reports for List I Chemicals and Schedule II V Controlled Substances) of all purchases of List I Chemicals and/or C-II-V Controlled Substances and List I containing OTC items by any customer whose purchase quantities exceed the parameters (above) any (2) consecutive months or in three (3) of any moving six (6) month period.

Using a computer to manage and report on high volume transaction business activities with extremely short order cycles times (receipt to delivery) is the only viable, cost effective methodology for the reporting of orders which may be considered excessive or suspicious.

SOTF Report Appendix A: 4

FOIA Confidential Treatment Requested By Cardinal



DEA COMPLIANCE MANUAL

APPENDIX E

Methamphetamine Control Act Products

_
C
7
_
u
<
<
п
•
_
_
-
ૅ
Ų
_

:					No 3				
ndc 1	indc∺ بنان	descrip		misc1	vendor	- DP numbe	er cin descrip	્રિdeթ⊾ િtyp	e code
00024-1006-10		IBRONKOTABS	TAB	<u>;</u>	SANOFI PHARMACEUTICALS	95486	1285618 BRONKOTABS 100 1197 SNF	6.EPH	E
00024-4081-02	•	BRONKAID	TAB	•	BAYER CONSUMER	94579	1335611 BRONKAID TAB 24S #0090	6 EPH	Ē
00024-4081-06		BRONKAID	TAB	. !	BAYER CONSUMER	150991	1190206 BRONKAID TAB 60S #0092 BREON	6 EPH	Ē
00536-4648-01		ITHEODRINE	TAB	;	RUGBY	501549	1213131 THEODRINE TB 100 RUG	6 EPH	Ē
00536-4648-10 00573-2932-10		THEODRINE	TAB	;	RUGBY	501557	1213214 THEODRINE TAB 1M 6480 RG	6 EPH	Ē
		I PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	362913	1156868 PRIMATENE TAB 24S 2932-10	6 EPH	ΞĒ
00573-2932-20		I PRIMATENE	TAB	-	WHITEHALL ROBINS HEALTHCARE	362948	1156876 PRIMATENE TAB 60S 2932-20 .	6 EPH	Ē
00573-2942-10		PRIMATENE	TAB	:	WHITEHALL ROBINS HEALTHCARE	857050	1699982 PRIMATENE DUAL TB 24S 294210	6 EPH	;Ē
00573-2942-20 00573-2952-05		PRIMATENE	TAB	·	WHITEHALL ROBINS HEALTHCARE	857068	1699974 PRIMATENE DUAL TB 60S 294220	6 EPH	Ē
.00573-2952-05	573295205 573295210	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241970	2423077 PRIMATENE TB 12 NEW FORMULA	6 EPH	Ē
00573-2952-10	573295210	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241962	2423085 PRIMATENE TB 24 NEW FORMULA	6.EPH	E
00573-2952-20	677006601	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241628	2423069 PRIMATENE TB 60 NEW FORMULA	6 EPH	ΞE
00143-3145-01	143314501	I EPHEDRINE SU	CAP	25MG	URL	552429	1310424 EPHEDRINE SULF CAP3/8GR100 URL	6:ÉPH	Ε
00074-6883-04	74688304	EPHEDRINE SU	CAP	25MG	WEST-WARD	343056	2186328 EPHEDRINE SULF CP 25MG 100 WWI	7 EPH	Æ
00143-3145-10	143314510	EPHEDRINE SU	SYP	3610	ABBOTT	153052	1039874 QUELIDRINE SR 40Z 6883-04 ABL	8 EPH	Έ
00182-0971-10	182097110	I EPHEDRINE SU	CAP	25MG 25MG	WEST-WARD GOLDLINE	417785	2186336 EPHEDRIN SULF CP 25MG 1M WW	8 EPH	E
00223-0620-01	223062001	EPHEDRINE SU	CAP	25MG		128007	1605054 EPHEDRINE SULF 3/8GR CAP 1M GL	8 EPH	E
00472-1552-16	472155216	I THEOMAX DF	SYP	201710	CONSOLIDATED MIDLAND CORP BARRE-NATIONAL	724831	1605427 EPHEDRINE CAP 25MG 100S	8 EPH	
00677-0066-10	677006610	I EPHEDRINE SU	CAP	25MG	URL	483850	1515436 THEOMAX DF SYP PT NAT	8 EPH	iE
50732-0876-16	50732087616	THEOLIXIR	ELX	10000	ZENITH GOLDLINE SHREVEPORT INC	552445 828920	1347137 EPHEDRINE SULF CAP 3/8GR M URL	8 EPH	E
00024-1004-16	24100416	BRONKOLIXIR	ELX	į	SANOFI PHARMACEUTICALS	95494	2157931 THEOLIXIR 160Z HNN	8 EPH	E
00182-1002-01	182100201	ITEDRIGEN	TAB		GOLDLINE	130966	1128172 BRONKOLIXIR PT 1200 SNF	11 EPH	E
00074-4745-01	74474501	SAD BLOCK-26	KIT	26GX3.5	* ABBOTT HOSP	904198	1697762 TEDRIGEN TAB 100S GL	49 EPH	E
00074-4773-01	74477301	SPINAL-22	KIT		* ABBOTT HOSP	:524514	1570241 SADDLEBLOCK ANESTH/INTROD TR 10	56 EPH	E
37205-0563-59	37205056359	INHALER	INH		S LEADER BRAND PRODUCTS	965367	2252674 SPINAL ANESTH TR 22G T-E+E 2.5ND 2283117 LDR INHALER DECONGESTANT .007OZ	56,EPH	
00182-1002-10	182100210	TEDRIGEN	TAB	i	GOLDLINE	319678	1697770 TEDRIGEN TAB 1M GL	70 EPH	E
00677-0148-01	677014801	THEOPHENYLLI	TAB	#1	URL	552291	The same and the s	80 EPH	E
50930-0281-01	50930028101	I PRETZ-D	SPR	0.25%	PARNELL	907146	1311240 THEOPHENYLN #1 TB 100 URL 2205193 PRETZ-D NASAL W/TIP DROP 15ML 25	80 EPH	E
50930-0281-50	50930028150	PRETZ-D	SPR	0.25%	PARNELL	41793	2087260 PRETZ-D SP 50ML 0.25% EPHEDRINE	80 EPH	E
00037-0561-92	37056192	LUFYLLIN-EPG	TAB	j	WALLACE	91634	1061365 LUFYLLIN-EPG TB 100 WAL	80 EPH	E
00037-0565-68	37056568	I LUFYLLIN-EPG	ELX	1	WALLACE	227854	1061373 LUFYLLIN-EPG ELX PT 56502 WAL	85 EPH 85 EPH	E E
00037-0717-92	37071792	RYNATUSS	TAB	1	WALLACE	91944	1032598 RYNATUSS TB 100 WAL	85 EPH	E
00037-0717-95	37071795	RYNATUSS	TAB	Ì	WALLACE	52809	2385334 RYNATUSS TB 60/10 2000 WAL	85:EPH	E
00037-0717-96	37071796	RYNATUSS	TAB		WALLACE	264024	2302388 RYNATUSS TB 500 WAL	85 EPH	Ë.
00037-0718-67	37071867	RYNATUSS PED	SUS		WALLACE	121592	1180116 RYNATUSS SS 240ML PED WAL	85 EPH	
00037-0718-68	37071868	RYNATUSS PED	SUS	!	WALLACE	91952	1002559 RYNATUSS SS 480ML PED WAL	85 EPH	E
00044-4520-02	44452002	QUADRINAL	[TAB	j	KNOLL LABORATORIES	48186	1110766 QUADRINAL TB 100 KNL	85;EPH	E
00049-2540-66	49254066	MARAX	TAB		PFIZER U.S.	112003	1283787 MARAX TB 100 PFZ	85 EPH	Ē
00049-2540-73	49254073	I MARAX	TAB		PFIZER U.S.	112011	1144815 MARAX TB 500 PFZ	85 EPH	Ē
00049-2550-93	49255093	MARAX DF	SYP		PFIZER U.S.	245232	1003953 MARAX DF SR 480ML PFZ	85 EPH	Ē
	74122401	SPINAL-22	KIT		ABBOTT HOSP	755680	2301596 SPINAL ANESTH TR 22G BUP/EPI/EP10	85 EPH	Ē
	74122403	SPINAL-22	KIT	22GX3.5	* ABBOTT HÖSP	260702	2607026 SPINAL ANESTH TR 22G W/DRUGS ABH	85,EPH	Ē
	74122501	SPINAL-25	KIT		* ABBOTT HOSP	755699	2301604 SPINAL ANESTH TR 22G BUP/EPI/EP10	85 EPH	Ē
		SPINAL-25	KIT		* ABBOTT HOSP	368814	2473189 SPINAL ANESTH TR 25G W/DRUGS 10	85:EPH	Ē
		EPHEDRINE SU			ABBOTT HOSP	308269	1451368 EPHEDRINE SULF AM 50MGML 100X1ML	85 EPH	Ē
and the state of t	fre	EPHEDRINE SU			ABBOTT HOSP	359238	2469179 EPHEDRINE SULF SD 50MG 50X1ML ABH	85 EPH	Ē
	74309901 74371601	SPINAL-26 SPINAL-22	KIT		* ABBOTT HOSP	904228	1965292 SPINAL ANESTH TR 26G BUP/EPI/EP10	85 EPH	Ē
	Ç	SPINAL-22 SPINAL-25	KIT KIT	22GX3.5	* ABBOTT HOSP	971928	2328250 SPINAL ANESTH TR 22G BU/DX/EPH/EP	85 EPH	Ē
	74473501			25GX3.5	* ABBOTT HOSP	971936	2328268 SPINAL ANESTH TR 25G BU/DX/EPH/EP	85 EPH	Ē
00074-4773-02		SPINAL-25 SPINAL-22		25GX3.5	* ABBOTT HOSP	381705	1570233 SPINAL ANESTH TR 25G TET/EPH3.5ND	85 EPH	Ē
	74477401				ABBOTT HOSP	917265	2390706 SPINAL ANESTH TR 22G TET/EPH/EP/I	85 EPH	Ē
00074-4774-02			KIT		* ABBOTT HOSP	753211	2132991 SPINAL ANESTH TR 25G TET/EPH/EP10	85 EPH	Ε
	-				* ABBOTT HOSP	917281	2390698 SPINAL ANESTH TR TET/EPH/EPI/IOD	85 EPH	E
		MUDRANE	TAB	26GX3.5		904236	1961283 SPINAL ANESTH TR 26G EPH/EPI 10	85 EPH	E
	10007777		TAB		ECR/POYTHRESS	281980	1374339 MUDRANE TB 100 ECR	85 EPH	· E
00095-0053-16			ELX		ECR/POYTHRESS	175242	1865468 MUDRANE GG TB 100 ECR	85 EPH	E
		. monivité-da	LLA :	. '	ECR/POYTHRESS	312118	1865450 MUDRANE-GG ELIXIR PT ECR	85 EPH	E

					No 3		
indc./ 🐤	,ndc			misc1	vendor		descrip de descrip
		I THEO/EPHE/PB	TAB	:	WEST-WARD	538078	2300812 THEOPHYLLINE EPH/PB TABS 100S WW 85 EPH :E
00143-1695-10	143169510	I THEO/EPHE/PB	TAB	•	WEST-WARD	386820	2485597 THEOPHYLINE/EPHED/PB TB 1000 85 EPH E
00182-1344-01	182134401	THEO/HYD/EPH	TAB TAB		GOLDLINE	849928 849944	1904788 HYDROXYZINE CMPD TB 100 GLD 85 EPH E 1904770 THEOPHYLL/HYDROX/EPHED TAB 85 EPH E
00182-1344-05 00182-1583-01	182134405 182158301	I THEO/HYD/EPH I C.C.E.P.	TAB		GOLDLINE	746029	1904770 THEOPHYLL/HYDROX/EPHED TAB
00277-0110-02	277011002	KIE	SYP		LASER	209031	2131407:KIE SR 480ML LAS 85 EPH E
.00277-0110-02	277011002	I KIE	SYP		LASER	63626	2247070 KIE SYRUP 1GAL LAS 85 EPH E
00314-0001-16	314000116	BRONKO TUSS	ELX		HYREX	361275	2111284 BRONKOTUSS EX 480ML HRY 85 EPH E
00536-2202-85	536220285	:TRI-TANNATE	SUS	PLUS	RUGBY	:596450	1172667 TRI-TANNATE PED PL SS 480ML RUG 85 EPH E
00536-3906-01	536390601	HYDROPHED	TAB	;	RUGBY	794325	1167055 HYDROPHED TB 100 RUG 85 EPH E
00536-3906-05	536390605	I HYDROPHED	TAB	-	RUGBY	794988	1128701 HYDROPHED TAB 500S WHITE RG 85 EPH E
00536-4394-01	536439401	TRI-TANNATE	TAB	PLUS	RUGBY	687588	1190974 TRI-TANNATE PLUS TB 100 RUG 85 EPH E
00563-0280-16	563028016	BRONCHOLATE	SYP	6.25-10	0 SANOFI PHARMACEUTICALS	377163	1603760 BRONCHOLATE SR 480ML SNF 85,EPH E
00603-3948-21	603394821	HYDROXYZINE	TAB	CPD	QUALITEST	472034	2419133 HYDROXY CMPD TB 100 QLT 85 EPH E
00702-0875-01	702087501	EPHEDRINE SU	INJ		VHA+PLUS	750425	1590041 EPHEDRINE SDV 50MG/MG 25X1ML VHA 85 EPH E
00839-6216-16	839621616	HYDROXYZINE	TAB	CPD	H L MOORE	952427	2285989 HYDROXYZINE CMPD TB 1000 MOR 85 EPH E
00904-0720-16	904072016	MOXY CPD	SYP		MAJOR PHARMACEUTICALS	710776	2095362 MOXY CMPD SR 480ML MJR 85 EPH E
00904-0774-60	904077460	THEO/EPHE/PB	TAB	-	MAJOR PHARMACEUTICALS	707791	2094290 THEOTAL TB 100 MJR 85 EPH E
00904-1665-60	904166560	RENTAMINE	TAB		MAJOR PHARMACEUTICALS	705063	2104164 RENTAMINE TB 100 MJR
00904-1666-16 51079-0705-45	904166616	RENTAMINE EPHEDRINE SU	SUS INJ	PED 50MG/ML	MAJOR PHARMACEUTICALS	713341	
52152-0013-02	51079070545 52152001302	AMI-RAX	TAB	DUMCHME	AMIDE PHARMACAL	257485	
52152-0013-04	52152001302	AMI-RAX	TAB	1	:AMIDE PHARMACAL	261898	2574853 AMI-RAX TB 100 AMI 85 EPH E 2618981 AMI-RAX TB 500 AMI 85 EPH E
55053-0122-01	55053012201	TUSS TAN	TAB	1	ECONOLAB	274489	2744894 TUSS-TAN RX TB 100 85 EPH E
55390-0875-01	55390087501	EPHEDRINE SU	INJ		BEDFORD LABORATORIES	924490	2233674 EPHEDRINE SULFSD 50MGML 25X1ML 85 EPH E
60432-0117-08		TETRA TANN	SUS	PED	MORTON GROVE PHARMACEUTICALS	260191	2601912 TETRA TANNATE SS 240ML PED MGP 85 EPH E
60432-0117-16		TETRA TANN	SUS	PED	MORTON GROVE PHARMACEUTICALS	76405	2710390 TETRA TANNATE SS 480ML PED MGP 85 EPH E
61703-0217-01	61703021701	EPHEDRINE SU	INJ		FAULDING HOSPITAL PRODUCTS	187429	2414324 EPHEDRINE SULF AM 50MGML 25X1ML 85 EPH E
00074-3073-03	74307303	EPHEDRINE SU	INJ		ABBOTT HOSP	314331	1863166 Ephedrine Sulf 50mg 100x1ml 999 EPH E
00406-4965-34	406496534	EPHEDRINE	POW	HCL	MALLINCKRODT SPEC CHEM	280232	1805233 Ephedrine HCL 1 oz. 999 EPH E
00472-1480-93	472148093	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	794490	2663581 Night time cold 300 ml 999 EPH E
00472-1480-96	472148096	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	794481	2663573 Night time cold 180 ml 999 EPH E
00472-1482-93	472148293	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	736082	2636439 Night time cold 300 ml 999 EPH E 2636447 Night time cold 180 ml 999 EPH E
00472-1482-96	472148296	I NITE TIME CO	LIQ		BARRE-NATIONAL	736090	2636447 Night time cold 180 ml 999 EPH E
00839-6216-06	839621606	HYDROXYZINE	TAB		H L MOORE	848093	2702017 Hydroxyzine Comp TTT 100 999 EPH E
00839-7432-69	839743269	MOORETUSS	SUS		H L MOORE	854786	2702769 Mooretuss Ped SS TTT 480 ml 999 EPH E
00904-0774-80	904077480	THEO/EPHE/PB	TAB		MAJOR PHARMACEUTICALS	705551	2628568 Theotal 1000 999 EPH E
00904-2074-60	904207460	I EPHEDRINE SU	CAP		MAJOR PHARMACEUTICALS	672661	2624237 Ephedrine Sulf 25 mg 100 999 EPH E
00904-2074-70	1904207470	I EPHEDRINE SU	CAP		MAJOR PHARMACEUTICALS	674338	2624286 Ephedrine Sulfate 25 mg 250 999 EPH E
11868-0004-04	11868000404	666 COUGH	SYP		MONTICELLO DRUG	324787	1881135 666 Cough 120 ml 999 EPH E
50383-0809-16	50383080916	QUAD-TUSS	SUS		D HI-TECH	897957	2677805 Quad-tuss tannat 480 ml 999 EPH E
00182-1446-16	182144616	COLD & ALLER	TAB		GOLDLINE	694878	1037217 Ext. Relief-Cold/Allerg TB 24 Gld. 1PPA P
00472-0724-98	472072498	BROMANATE	ELX		BARRE-NATIONAL	361607	1515477 BROMANATE EL 8OZ ALM 1 PPA P
00496-0300-02	496030002	DAPACIN	CAP		FERNDALE LAB MALLARD	945161	2268266 DAPACIN CP 100 FRN 1 PPA P 2263614 SALETO-D CL 1000 1 PPA P
43797-0389-06 43797-0389-45	43797038906 43797038945	SALETO D SALETO D	CAP		MALLARD	943401	2263614 SALETO-D CL 1000
00879-0758-04	879075804	BROMTAPP	LIQ	1	HALSEY DRUG	422150	2485100 BROMATAPP EL 120ML AF SF HLS 3 PPA P
00904-7621-73	904762173	EFFER COLD	TAB		MAJOR PHARMACEUTICALS	983330	2359537 EFFERVESCENT COLD RELF TB 36 MJR 3 PPA P
16500-04338	1650004338	ALKA-SELT +	TAB	·	BAYER CONSUMER	652342	2265486 ALKA SELTZER PLUS COLD 48S 4338 3 PPA P
	31225454	DIMETAPP	TAB		WHITEHALL ROBINS HEALTHCARE	273015	1087709 DIMETAPP TAB 24S 2254-54 7 PPA P
	31225546	DIMETAPP	CAP		WHITEHALL ROBINS HEALTHCARE	779822	1622612 DIMETAPP LIQUIGEL 12S 225546 7 PPA P
	31225554	DIMETAPP				781797	1622620 DIMETAPP LIQUI-GEL 24S 2255-54 7 PPA P
	31227746	DIMETAPP			WHITEHALL ROBINS HEALTHCARE	273023	1087717 DIMETAPP EXTENTAB 12 2277-46 7 PPA P
	31227754	DIMETAPP				273031	1087725 DIMETAPP EXTENTAB 24 2277-54 7 PPA P
	31227759	DIMETAPP	TAB	EXTENTA	WHITEHALL ROBINS HEALTHCARE	431443	1294743 DIMETAPP EXT TB 48 2277-59 7 PPA P
		DIMETAPP	TAB	EXTENTA	WHITEHALL ROBINS HEALTHCARE	273244	1238732 DIMETAPP EXT TB 100 2277-63 7 PPA P
00031-2277-64		DIMETAPP	TAB	EXTENTA	WHITEHALL ROBINS HEALTHCARE	273260	1361005 DIMETAPP EXT TB 100 UD 2277-64 7 PPA P
00031-2277-70	31227770	DIMETAPP	TAB	EXTENTA	WHITEHALL ROBINS HEALTHCARE	273252	1238740 DIMETAPP EXT TB 500 2277-70 7 PPA P

					Na C			Ė		
ndc o	,ıdc	descrip	form	misc1	vendor	DP number	descrip 3 (4)	200m	t Ivoe	code
00031-2279-46	31227946	DIMETAPP	CAP	COLD/CO	WHITEHALL ROBINS HEALTHCARE	926647	2238806 DIMETAPP CLD&CGH LQGEL 12S 227946		PPA	P
:00031-2279-54	31227954	DIMETAPP	CAP	COLD/CG	WHITEHALL ROBINS HEALTHCARE	926655	2238814 DIMETAPP CLD&CGH LQGEL 24	7	PPA	P
00031-2280-54	31228054	DIMETAPP C&F	TAB	!	ROBINS CONS	538825	1372101 DIMETAPP CAPLET 24S COLD & FLU	7	PPA	P
00031-2280-59	31228059	DIMETAPP C&F	TAB	1.	ROBINS CONS	538833	1365204 DIMETAPP CAPLET 48S COLD&FLU	~ ~ 7	PPA	Р
00031-2284-46	31228446	DIMETAPP	TAB	ALUSIN	WHITEHALL ROBINS HEALTHCARE	251496	2317840 DIMETAPP ALRGY/SINUS CPLT 12S	7	PPA	P
00031-2284-54	31228454	DIMETAPP	TAB	ALL/SIN	WHITEHALL ROBINS HEALTHCARE	253120	2317832 DIMETAPP ALRGY/SINUS CL 24	7	:PPA	P
00031-2290-54	31229054	DIMETAPP	CHW	1-6.25MG	WHITEHALL ROBINS HEALTHCARE	781800	1622703 DIMETAPP CLD & ALGRY TB 24S CHEW	7	PPA	P
00037-0421-90	37042190	COVANGESIC	TAB	1	WALLACE	227846	1274281 COVANGESIC TB 24 WAL	7	PPA	P
00043-0074-12	43007412	TRIAMINICIN	TAB	!	NOVARTIS CONS	381594	1215466 TRIAMINICIN TAB 12S 7412	7	PPA	P
00043-0074-24	43007424	TRIAMINICIN	'TAB		NOVARTIS CONS	381608	1215474 TRIAMINICIN TAB 24S 7424	. 7	PPA	P
00043-0074-48	43007448	TRIAMINICIN	TAB	1 .	NOVARTIS CONS	381616	1001486 TRIAMINICIN TAB 48S PCKT DISP7478	7	PPA	P
00043-0075-24	43007524	TRIAMINIC	CHW	!	NOVARTIS CONS	161373	1354430 TRIAMINIC TAB CHEW 24S 75-24		PPA	P
00043-0082-24	43008224	TRIAMINIC	TAB	COLD	NOVARTIS CONS ·	24708	1233840 TRIAMINIC COLD TAB 24S 82-24	7	PPA	P
00043-0083-24	43008324	TRIAMINICOL	TAB		NOVARTIS CONS	24775	1233931; TRIAMINICOL M/S COLD TAB 24S 8324		PPA	P
00043-0085-10	43008510	TRIAMINIC	TAB		NOVARTIS CONS	24678	1233154 TRIAMINIC-12 TAB 10S 85-10		PPA	P
00043-0085-20	43008520	TRIAMINIC	TAB		NOVARTIS CONS	24686	1233170 TRIAMINIC-12 TAB 20S 85-20		PPA	P
00043-0107-24	43010724	TRIAMINIC	:TAB	ALLERGY	NOVARTIS CONS	272531	1264480 TRIAMINIC ALLERGY TAB 24S 107-24	7	PPA	P
00043-0109-24	43010924	URSINUS	.TAB	1	NOVARTIS CONS	381632	1050442 URSINUS TAB 24S DOR 109-24		PPA	P
00043-0121-08	43012108	TAVIST-D	TAB	!	NOVARTIS CONS	784885	1638592 TAVIST-D TB 8		PPA	P
00043-0121-08	43012108	TAVIST-D	TAB	}	'NOVARTIS CONS	181994	2391126 TAVIST-D TB 10 SEE 1638592		PPA	P
00043-0121-32	43012132	TAVIST-D	TAB		NOVARTIS CONS	855472	1238450 TAVIST-D TAB 32S		PPA	P
00045-0188-20	45018820	TYLENOL COLD	TAB	ļ	MCNEIL CONSUMER	69432	1830389 TYLENOL COLD EFFER TAB 20S 18820		PPA	P
00045-0287-24	45028724	TYLENOL CHLD	CHW	COLD	MCNEIL CONSUMER	663778	1122274 TYLENOL COLD CHLD CH 24S 28724		PPA	P
00085-0075-05	85007505	CORICIDIN	TAB		SCHERING-PLOUGH	77437	1367853 CORICIDIN DEMILET 36S 075-05		PPA	P
00085-0307-01	85030701	CORICIDIN D	TAB	f }	SCHERING-PLOUGH	420662	1287820 CORICIDIN D TAB 12S 307-01		PPA	P
00085-0307-02	85030702	CORICIDIN D	TAB	} }	SCHERING-PLOUGH	420689	1226224 CORICIDIN D TAB 24S 307-02		PPA	P
00085-0307-03	85030703	CORICIDIN D	TAB	.	SCHERING-PLOUGH	297461	1040054 CORICIDIN D TAB 48S 307-03		PPA	P
00085-0307-04	85030704	CORICIDIN D	TAB	!	SCHERING-PLOUGH	420700	1068410 CORICIDIN D TAB 100S 307-04		PPA	P
00085-0307-05	85030705	CORICIDIN D	TAB		SCHERING-PLOUGH	399701	1185958 CORICIDIN D INDUST PK 100X2 87049		PPA	P
100085-0673-02	85067302	CHLOR-TRIMET	TAB	SINUS	SCHERING-PLOUGH	596116	1488642 CHLOR-TRIM CAPLT SINUS 24S 673-02		PPA	P
00085-0751-02	85075102	DEMAZIN	TAB		SCHERING-PLOUGH	376566	1279033 DEMAZIN REPETAB 24S 0751-02		PPA	P
00085-0751-04	85075104 85094102	DEMAZIN	TAB	i Giàn IO II à	SCHERING-PLOUGH SCHERING-PLOUGH	340693	1011071 DEMAZIN REPETAB TAB 100S 751-04		PPA	IP.
00085-0941-02	:86006602	CORICIDIN	TAB	SINUS HA	CARNRICK	616338	1588037 CORICIDIN SINUS CAPLET 24 941-02		PPA	P
00086-0066-02	86006610	SINULIN			CARNRICK	465038 465046	1269596 SINULIN TB 20 CRN		PPA	P
00086-0066-10	86006624	SINULIN	TAB		CARNRICK	465054	1226166 SINULIN TB 100 CRN 1052224 SINULIN PROFIT PK TB 24 CRN			P
00086-0066-24	86006624	SINULIN	TAB		CARNRICK	65124	1052224 SINULIN PROFIT PK TB 24 CRN 2278323 SINULIN TAB 24S 7PC DE624 CRN		PPA	P
00122-0818-66	122081866	COLD & ALLER		RELIEF	REXALL	655686	2159499 COLD+ALLERGY RELIEF TAB TR 12S			P
00122-0838-66	122083866	COLD			REXALL	655694	2159481 COLD CP TR 10 RXC			P
00182-1036-11	182103611	COLD & ALLER	CAP		GOLDLINE	875600	1009216 COLD & ALLERGY GELCAP 12S GL			P
00182-1077-15	182107715	COLD MED EFF			GOLDLINE	960829	2312031 NIGHTIME COLD MED TB NF 20 GLD			P
00182-1450-95	182145095	EFF COLD MED	TAB		GOLDLINE	694886	1033141 EFFER COLD TB 36 GLD			P
00182-1524-15	182152415	EFF NITETIME			GOLDLINE	757217	1116441 NIGHTIME EFFR COLD TB 20 GLD			P
00182-1693-23	182169323	GENCOLD	CAP		GOLDLINE	128732	1741024 GENCOLD CP 10 GLD			P
00182-2021-19	182202119	GENACOL	TAB		GOLDLINE	273780	2737807 GENACOL TB 325MG 500 GLD			P
	182261201	POLYHISTAMIN	CAP			815977	2373165 POLYHISTAMINE PPA CAP SA UD100			P
	182616637	DM COLD/COUG	LIQ		GOLDLINE	968374	1116300 DM COUGH & COLD EL 120ML GLD			P
	235061201	SINAREST			CIBA SELF MEDICATION	69949	1322171 SINAREST X/S TSB 24S 061201			P
	235078026	ALLEREST	1		CIBA SELF MEDICATION	480363	1250117 ALLEREST 12HR CP 10 7825			P
00235-1180-01	235118001	ALLEREST				69558	1201870 ALLEREST CHILD TB 24 118001			P
00482-0722-10	482072210	DUADACIN	CAP	- ,		36536	1154582 DUADACIN CP 100 BKD			Р
00536-3017-34	536301734	ALLERGY RELI	TAB		RUGBY	434345	1321793 ALLERGY RELIEF TAB 20S BLST RG			Р
00536-3379-35	536337935	BROMALINE	TAB		RUGBY	596434	1446210 BROMALINE TB 1X24BP OTC RUG			Р
00536-3380-12	536338012	BROMALINE	TAB	EXTENTA	RUGBY	645869	1720871 BROMALINE TB 12 OTC RUG	7 F		P
00536-3486-01	536348601	CHLOR-REST	TAB	:	RUGBY	434590	1243203 HAY FEVER & ALLERGY TAB 100S RG	7 P		P
00536-3519-01	536351901	CONGESTANT D	TAB	!	RUGBY	708313	1242379 CONGESTANT D TB 100 RUG	7 P	'PA	P
00536-3769-06	536376906	COLD REL	TAB		RUGBY	708283	1242296 COLD RELIEF TABS 50S RG	7 P	PA I	P
00536-3775-06	536377506	DECONGESTANT	TAB		RUGBY	681024	1242486 DECONGESTANT TAB 50S RG	7 P	PA 1	P

	C
	3
	4
	Š
	ñ
	C
	٥
	č

					No C			•		
ndc in a		descrip			vendor	DP numbe	r descrip	രം ്	type code	7
00536-4290-10		PHENYLPROPAN	TAB	25MG	RUGBY	681270	1328491 PHENYLPROPNLMNE TB 25MG 1000 RUG	7 P		<u>.</u>
00536-4979-10	536497910	COLD	TAB	EXPECT	1· · · · · · · · · · · · · · · · · · ·	1783048	2169217 COLD TAB W/EXP 1M RG	7.P	PA P	
00573-1238-21	573123821	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	751367	1404946 DRISTAN COLD TAB 20S M/S 123821	7:P	PA P	
00573-1238-31		DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	754676	1404920 DRISTAN COLD TAB 40S M/S 123831	~ 7.P	PA ;P	
00573-1238-41	573123841	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	753238	1404888 DRISTAN COLD TB 75 MULTI SYMP	7:P		
00573-1238-51	573123851	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	2854	1023423 DRISTAN TAB TIN 24X12S 123851	7:P		
00603-0116-10 00603-0120-19	603011610 603012019	COLD	CAP	8-75 CR		893366	2206092 COLD CAPSULE CP 10 QLT	7.P		
00603-0120-19	603027418	Q-TAPP	TAB	:40.75.00	QUALITEST	872873	2206001 COMPLETE TB 50 QLT	7,P		
00677-0865-75	677086575	UNI-GEE	TAB	12-75 CH	URL	590100 427713	2362515 Q-TAPP TB 24 QLT	7:P		
00677-0868-02	677086802	:UNI-TRIS	TAB		: URL	427713	1493725 UNI-GEE TB 75 URL	7 P		
00677-0869-08	677086908	UNI-TRIS	CAP		URL	427810	1493931 UNI-TRIS TAB 50S URL 1493923 UNI-TRIS CAP 36S URL	7:P		
100677-1231-56	677123156	UNI-BROM	TAB	CR	URL	592994	The second companies of the contract of the co	7 P		
00839-6563-04	839656304	DECONGESTANT	TAB	Ŭ.	H L MOORE	938165	1495340 UNI-BROM TIMETAB 24S URL 2260834 DECONGESTANT TB 50 MOR	7 P		
00904-0210-15	904021015	COLD-GEST	CAP	10-75 CR	MAJOR PHARMACEUTICALS	698660	2236719 COLD-GEST COLD SA CP 100 MJR	7 P		
00904-0214-24	904021424	DIMAPHEN	TAB	TIMED	MAJOR PHARMACEUTICALS	675539	1498898 DIMAPHEN TB 24 BOXED MJR	7 P		
00904-5012-88	904501288	DAYHIST-D	TAB	1.34-75	MAJOR PHARMACEUTICALS	371777	2474310 DAYHIST-D TB 8 MJR	7 P		
00904-7652-20	904765220	DIMAPHEN DM	:LIQ	i .	MAJOR PHARMACEUTICALS	869465	2236552 DIMAPHEN-DM EL 120ML MJR	7 PI		
16500-04314	1650004314	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	304379	1190917 ALKA SELTZER PLUS 12	7 PI		
16500-04317	1650004317	ALKA-SELT PL	TAB		E BAYER CONSUMER	1529850	1444231 ALKA SELTZER PLUS N/TIME 20S 4317	7 PI		
16500-04320	1650004320	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	61824	1366004 ALKA-SELTZER PLUS TB 20 ORIG 4320	7 PI		
16500-04323 16500-04334	1650004323	ALKA-SELT PL	TAB		E BAYER CONSUMER	529842	1444249 ALKA SELTZER PLUS N/TIME 36S 4323	7 PI		
16500-04334	1650004334	ALKA-SELT PL ALKA-SELT +	TAB	COLD	EIBAYER CONSUMER	687111	1830314 ALKA SELTZER PLUS N/TIME 12S 4334	7 PI		
16500-04520	1650004620	ALKA-SELTZER	TAB		BAYER CONSUMER L BAYER CONSUMER	61832 134619	1366251 ALKA SELTZER PLUS 36S 4336	7 PI		
16500-04920	1650004920	ALKA-SELTZER	TAB		L'BAYER CONSUMER	271608	2318723 ALKA-SELTZER PLUS TB 20 ORNG 2436186 ALKA-SELTZER PLUS TB 20 CHRY	7 PF		
16500-05012	1650005012	ALKA-SELT +	TAB		BAYER CONSUMER	687197	18280111ALKA SELTZER PLUS 16 20 CHRY	7 PF		
16500-05014	1650005014	ALKA-SELT +	TAB		BAYER CONSUMER	687189	1828029 ALKA SELTZER PL SINUS 103 5012	7 PF		
16500-05020	1650005020	ALKA-SELTZER	TAB		BAYER CONSUMER	948276	2250694 ALKA SELTZER PL SINUS 20S	7 PF		
16500-05114	1650005114	ALKA-SELT +	TAB		BAYER CONSUMER	777781	1136019 ALKA SELTZER PL CGH/CLD TAB 128	7 PF		
16500-05120	1650005120	ALKA-SELT +	TAB	CLD&CO	BAYER CONSUMER	742392	1018589 ALKA SELTZER PL CGH/CLD TAB 20S	7 PF		
16500-05136	1650005136	ALKA-SELT +	TAB	CLD&CO	BAYER CONSUMER	742384	1018134 ALKA SELTZER PL CGH/CLD TAB 36S	7 PF		
16500-05220	1650005220	ALKA-SELTZER	TAB		BAYER CONSUMER	120022	2318731 ALKA SELTZER PL 20S FLU&B/A	7 PF		
16500-05236	1650005236	ALKA-SELTZER	TAB		BAYER CONSUMER	293830	2361459 ALKA SELTZER PL 36S FLU & B/A	7 PF		
41100-02993	4110002993	ST JOSEPH	TAB	COLD	LIBERTY CONSUMER	70491	1120831 ST JOSEPH COLD TAB CHILD 30S	7 PF		
87900-21420	8790021420	A.R.M.	TAB	.]	MENLEY & JAMES	58440	1108133 A.R.M. ALLERGY CAPLET 20S 21420	7 PP		
	laissinnarias	E11000	CĂP		ECONO-MED		2418853 EMPRO CP 75MG 100 EMP	7 PP	A P	
38130-0075-01 38245-0177-10	38130007501 38245017710	BROMATAPP	TAB		COPLEY PHARMACEUTICAL	854000		7 PP		
45800-0236-10	45800023610	CONTAC 12HR	CAP	8-75 CR	SKB CONSUMER HEALTHCARE L.P. SKB CONSUMER HEALTHCARE L.P.	436968	1213222 CONTAC CP 10 236-10	7 PP		
45800-0236-20	45800023620	CONTAC 12HR	CAP		ISKB CONSUMER HEALTHCARE L.P.	436933 58580	1365493 CONTAC CAPSULES 20S 236-20	7 PP		
45800-0270-12	45800027012	SINE-OFF	TAB	JU-73 OK	SKB CONSUMER HEALTHCARE L.P.	58564	1135045 SINE-OFF CAP 100S 270-12 1318997 SINE-OFF CAPLETS 24S 270-19	7 PP		
45800-0270-24	45800027024	SINE-OFF	TAB	I	HI-TECH	10639	2585800 BROMTAPP EL 402 ALC FREE HTP	7;PP 7:PP		
50383-0590-04	50383059004	BROMTAPP	ELX	2-12.5/5	HI-TECH	258581	2585818 BROMTAPP EL 80Z ALC FREE HTP	7.PP		
50383-0590-08	50383059008	BROMTAPP	ELX		HI-TECH	258582	2585826 BROMTAPP DM EL 40Z ALC FREE HTP	7,FP		
50383-0594-04	50383059404	BROMTAPP DM	LIQ	1	REXALL MANAGED CARE	950890	2281830 COLD CAP W/BAND C/R 100S	7.PP		
60814-0114-01	60814011401	COLD	CAP	4-75 CR	REXALL MANAGED CARE	894702	2214757 COLD CAP/BAND T/R CP 10 RXM	7.PP		
60814-0114-09	60814011409	COLD	CAP	4-75 CR	REXALL MANAGED CARE	894710	2214740 COLD CAP W/BAND T/R 50S	7.PP		
60814-0114-50	60814011450	COLD	CAP		FARO PHARMACEUTICAL, INC.	933694	2292571 COLDLOC-LA CAPLET 50S	7 PP		
	60976067505	COLDLOC-LA	TAB		FARO PHARMACEUTICAL, INC.	933686	2282465 COLDLOC-LA CAP 100S	7.PP		
	60976067510	COLDLOC-LA	TAB		APOTHECON	309818	1102458 NALDECON EX SR 120ML CHILD BRL	8 PP		
00015-5663-40	15566340	NALDECON EX	SYP		APOTHECON	16500	1112440 NALDECON DX SR 120ML PED BRL	8 PP		
00015-5666-40 00015-5666-60	15566640	NALDECON-DX	SYP		APOTHECON	16519	1112465 NALDECON DX SR 480ML PED BRL	8 PP		
00015-5669-40	:15566660 .15566940	NALDECON-DX	SYP		APOTHECON	309788	1102474 NALDECON DX LQ 120ML ADULT BRL	8 PP/		
	15566960	NALDECON-DX	SOL		APOTHECON APOTHECON	309761 · 697303 ·	1102557 NALDECON DX LQ 480ML ADULT BRL	8 PP/		
	15568530	NALDECON EX	DRO		!APOTHECON	309826	1112424 NALDECON EX DR 30ML PED BRL	8 PP/		•
00015-5686-30		NALDECON-DX	DRO		WHITEHALL ROBINS HEALTHCARE	273058	1102235 NALDECON DX DR 30ML PED BRL 1087733 DIMETAPP ELIX 40Z 2230-12	8 PP/		
300.0 0000-00	. 2000000		5110_		WILLIAM NOUNS HEALTHOAKE	213030	1001133 DIME IAFF ELIA 4UZ ZZ3U-1Z	8 PP/	1 F	

					No C			<i>;</i>
Add ndc	,ndc 💮 😸			misc1	vendor	DP number	descrip descrip	deut type code
00031-2230-12		DIMETAPP	ELX	2-12.5/5	WHITEHALL ROBINS HEALTHCARE	273066	1087741; DIMETAPP ELIX 8OZ 2230-18	8 PPA P
00031-2230-18		DIMETAPP	ELX	2-12.5/5	WHITEHALL ROBINS HEALTHCARE	602329	1534403 DIMETAPP EL 120Z 2230-22	8 PPA P
00031-2230-22		DIMETAPP	ELX	2-12.5/5	WHITEHALL ROBINS HEALTHCARE	273279	1230226 DIMETAPP EL 480ML 2230-25	8 PPA P
00031-2230-25	31223025	DIMETAPP	ELX	2-12.5/5	WHITEHALL ROBINS HEALTHCARE	273287	1231141 DIMETAPP PROF EL 3840ML	8 PPA P
00031-2230-29	31223029	DIMETAPP	ELX	2-12.5/5	WHITEHALL ROBINS HEALTHCARE	678562	1814821 DIMETAPP ELX DM 40Z 2240-12	8 PPA P
		DIMETAPP DM	·LIQ ·LIQ	-	WHITEHALL ROBINS HEALTHCARE	678570	1814813 DIMETAPP ELX DM 8OZ 2240-18	8 PPA jP
00031-2240-18		DIMETAPP DM	LIQ		WHITEHALL ROBINS HEALTHCARE WHITEHALL ROBINS HEALTHCARE	250085 72184	1364710 DIMETAPP DM EL 12OZ 2240-22	8 PPA P
00031-8677-12		ROBITUSSIN	SYP	CF	WHITEHALL ROBINS HEALTHCARE	72192	1265412 ROBITUSSIN CF SR 4ÖZ COUGH FORM	8 PPA P
		ROBITUSSIN	SYP	CF	:WALLACE	366080	1359900 RYNATUSS EXPEC TABS 100S	8 PPA P 8 PPA P
00037-0721-92	37072192	RYNA-TUSSADI	TAB		WALLACE	53910	1191675 RYNA-TUSSADINE SL 480ML WAL	8 PPA P
00037-0725-68	37072568	RYNA-TUSSADI	LIQ	-j·	NOVARTIS CONS	24651	1063379 TRIAMINIC SR 40Z DOR	8 PPA P
00043-0524-04	43052404	TRIAMINIC	SYP	1-6.25/5	NOVARTIS CONS	274925	2435832 TRIAMINIC SYRUP 50Z BONUS	8 PPA P
00043-0524-04	43052404	TRIAMINIC	SYP	1-6.25/5	NOVARTIS CONS	236543	1281971 TRIAMINIC SR 80Z DOR	8 PPA P
00043-0524-08	43052408	TRIAMINIC	SYP	1-6.25/5	NOVARTIS CONS	390747	2478436 TRIAMINIC COLD & ALLERGY SR 240ML	8 PPA P
00043-0524-08	43052408	TRIAMINIC	SŸP	1-6.25/5	NOVARTIS CONS	24627	1241959 TRIAMINIC EX 40Z DOR	8 PPA P
00043-0525-04	43052504	TRIAMINIC	SOL	EXPECT	NOVARTIS CONS	24635	1282631 TRIAMINIC EXP 80Z DOR 525-08	8 PPA P
00043-0525-08	43052508	TRIAMINIC	SOL	EXPECT		24619	1101344 TRIAMINIC-DM 80Z DOR 526-08	8 PPA P
00043-0526-08	43052608	TRIAMINIC-DM	SYP		NOVARTIS CONS	24759	1278779 TRIAMINICOL SYR 40Z 536-04	8 PPA P
00043-0536-04	43053604	TRIAMINICOL	SYP		NOVARTIS CONS	24767	1278787 TRIAMINICOL SYR 80Z 536-08	8 PPA P
00043-0536-08	43053608	TRIAMINICOL	SYP	0010		169692	1264050 TYLENOL COLD CHILD 40Z 18904	8 PPA P
00045-0189-04	45018904	TYLENOL CHLD	ELX	COLD		577243	1712967 TRI-CLEAR EXPECT 40Z 2897-17 WC	8 PPA P
00047-2897-17	47289717	TRI-CLEAR	SOL	0 40 576		137099	1712959 TRI-CLEAR SYR 4OZ 2898-17 WC	8 PPA IP
00085-0513-01	47289817 85051301	TRI-CLEAR DEMAZIN	SYP	2-12.5/5 2-12.5/5	DEVAL	326668	1223130 DEMAZIN SYR 40Z 513-01	8'PPA P
00122-0820-66	122082066	COLD & ALLER	ELX	2-12.5/5	: : : · · ·	655678 655716	2159507 COLD&ALLERGY RELIEF EL 40Z GRAP	8 PPA P
	122082866	COUGH FORM	SYP	CF		1655813	2159465 COUGH FORMULA CF SR 40Z RXC 2159390 TRIAMAPHEN SR 40Z COLD RXC	8 PPA P
00122-0848-66	122084866	TRIMAPHEN	SYP	2-12.5/5	REXALL	655821	2159382 TRIAMAPHEN EX 4OZ RXC	
	122084966	TRIMAPHEN	SYP	EXP	GOLDLINE	128430	1500321 GENAMIN EXP 40Z GL	8 PPA P
	182169037	GENAMIN	SOL	- "		398942	1483585 BROMATAP EL 40Z GRP OTC GLD	8 PPA P
	182180137	BROMATAPP	ELX	2-12.5/5		398950	1386937 BROMATAP EL 160Z GRP GLD	8 PPA P
00182-1801-40	182180140	BROMATAPP	ELX	2-12.5/5	GOLDLINE	499609	1758226 BROMATAP EL 1GAL SEE#2266880	8 PPA P
00182-1801-41	182180141	BROMATAPP	ELX	2-12.5/5	territoria de la compansión de la compan	432237	1766104 BROMATAP EL 80Z OTC 180144 GLD	8 PPA P
00182-1801-44	182180144	BROMATAPP	ELX	2-12.5/5		960845	2312148 GENATAP ELX 120ML AF GLD	8 PPA P
00182-2000-37	182200037	GENATAP	ELX	2-12.5/5	GOLDLINE	128422	1031053 GENAMIN COLD SR 4OZ GLD	8 PPA
00182-2096-37	182209637	GENAMIN COLD	SYP	1-6.25/5	GOLDLINE	231231	2421246 GENAMIN COLD SR 40Z AF GLD	8 PPA P
00182-2098-37	182209837	GENAMIN MULT	SYP	SYM		462098	1583525 GENATAP EL 4OZ GLD	8 PPA P
00182-2232-37	182223237	GENATAP	ELX	2-12.5/5		813109	1439959 GUIATUSS CF SR 120ML GLD	8 PPA P
00182-6067-37	182606737	GUIATUSS CF	SYP			813117	1439975 GUIATUSS CF SR 240ML GLD	8 PPA P
	182606744	GUIATUSS CF	SYP			863025	1921543 PEDIACON DX DR 30ML PED GLD	8 PPA P
00182-6138-66	182613866	PEDIACON DX	DRO	PED		863017	1921485 PEDIACON EX DR 30ML PED GLD	8 PPA P
00182-6139-66	182613966	PEDICON EX	DRO	PED		943711	2266872 COLD & ALLERGY EL 120ML GLD	8 PPA P
00182-6162-37	182616237	COLD & ALLER	ELX			942685	2297448 COLD & ALLERGY EL 160Z GLD	8 PPA P
00182-6162-40 00182-6162-41	182616240	COLD & ALLER	ELX	2-12.5/5	GOLDLINE		2266880 COLD & ALLERGY EL 3840ML GLD	8 PPA P
00182-6169-37	182616937	PEDIACON DX	SYP	CHILDDE		943762	2266898 COLD & ALLERGY EL 240ML GLD	
00182-6169-37	182616937	PEDIACON DX	SYP			961833	1921535 PEDIACON DX SR 4OZ GLD	8 PPA P
	259225104	IANATUSS	SYP	CHILDRE		66156 329819	2312023 PEDIACON DX SYRP CHILD NF 40Z GL	8 PPA P
	259225116	ANATUSS	SYP	· ·			1315373 ANATUSS SR 120ML MAY	8 PPA P
	472001094	GUIATUSS CF	SYP		• · · · · · · · · · · · · · · · · · · ·	329827 485004	1315365 ANATUSS SYR 160Z 2251-16 1356880 GUIATUSS CF SR 120ML NAT	8 PPA P
	472042094	GUIATUSS CF	SYP		, -	436801	1356880 GUIATUSS CF SR 120ML NAT 2487551 GUIATUSS CF SR 120ML AF ALM	8 PPA .P 8 PPA P
	472071104	BROMANATE				750778	2367282 BROMANATE EL 120ML AF SF ALM	8 PPA P
	472071116	BROMANATE			f	976130	2367258 BROMANATE EL 120ML AF SF ALM	8 PPA P
	472071128	BROMANATE				688959	2367274 BROMANATE EL 3840ML AF SF ALM	8 PPA P
		BROMANATE		10		750760	2367290 BROMANATE EL 120ML AF SF ALM	8 PPA P
		BROMANATE		177 778 1 27	in it is a second of the secon	750646	2367266 BROMANATE EL 240ML AF SF ALM	8 PPA P
		BROMANATE DM	LIQ			790931	2371656 BROMANATE DM EL 240ML AF ALM	8 PPA P
		BROMANATE	*	1 .		375659	1185750 BROMANATE EL 120ML SEE 2367282	8 PPA P

	<u>a a</u>		Δ.	<u>a</u> (<u>.</u>	<u>. a.</u>	<u>a</u>	۵.	<u>a</u> (<u>a</u> c	20	<u>ւ գ</u>	<u>a</u>	<u>م. ر</u>	<u>, a</u>	٠. هـ	. ۵	•	<u>a</u> c	<u> </u>	<u>a</u>	<u>a</u> (<u>. a</u>	. a.	<u>a.</u> c	La	<u>a</u>	<u>a</u> a	<u> </u>	٥	<u>a</u> (<u>. a</u>	<u>a</u> .	۵. ۵	Lο	Δ.	ب	۵. ۵	γė	۵.	<u>a</u>	۵	۵.	ıα	۵.
8 PPA	8 PPA	8 PPA	8 PPA	8.PPA	A D D	8 PPA	8 PPA	8 PPA	8 PPA	¥ dd d	2 0 2 0	8 PPA	8 PPA	8 PPA	100	8 P P	8 PPA	8 PPA	B PPA	8 6 7 6 8 6	8 PPA	8 PPA	8 PPA	8 PPA	8 PP	8 PPA	8 PPA	A G	8 PPA	8 PPA	80 P	8 PPA	8 PPA	8 PPA	A PPA	8 PPA	8.PPA	8 PPA	8 8 7 7 8 8 7 8	8 PP.	8 PPA	8 PPA	8 PPA	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	8 PPA
X GAL 724-28 NAT	NAT 80128 NAT	R 30ML SF ALM	LD SR 40Z ALM	L L	TAN		60Z NAT	DTC NAT	-:			2	2	RUG	MLAT IN RUG	GRAPE RUG	GRAPE RUG	RG	RUG FONG 414 BG	₹q	PED OLT	0.T	OLT	ol.T	ַמָּרְ מִידָּיִהַ		URL	a CV	MOR	MOR	:	707		-	2 I I I	₹.	£		ביי אל	MJR	BOXED MJR	NO.	10N 202 303	302 203	80Z 206
280197 BROMANATE ELIX GAL 724-28	238674 BROMANATE EL 4OZ 637172 NALDELATE SYRUP GAL 80128	532480 PHENADEX PED COLD DR 30ML SF ALM	530500 PHENADEX CHILD CGH/CLD SR 40Z ALM	1054642 BROMANATE DM 402	1354588 THREAMINE EXP 402	2198083 THREAMINE EXPECT 480ML	1923689 THREAMINE DM SYRUP 160Z	2195774 TRIPALGEN SYRUP 40Z OTC	2254019 TRIPALGEN COLD SR 80Z	2193/66 IRIPALGEN SR 480ML UI	132 IV DUADACIN CP 1000	2277093 RHINOCAPS CAP 100S	2169365 TRI-DEC EXP DROP 10Z	2169373 TRI-DEC EXP SR 402	OMALINE ORAL EL 120	2357010 BROMALINE DM EL 480ML GRAPE RUG	2357002 BROMALINE DM EL 120ML GRAPE	1291921 TRIPHENYL EXP 40Z	24221839 IRIPHENTL SK 402 RUG	LDELATE DX SR 120MI	LDELATE DX DR 30ML	2148823IQ-TAPP EL 40Z	2072312 Q-TAPP DM LQ 40Z OTC	2148716 TRIACTIN SR 402	2148724 TRIACTIN EX 40Z	1077387 DIMAHIST EL 480ML	493550 UNI-BROM EL 40Z	2250544 BROMATAPP TR 24	2260651 BROMATAPP TB 100	2261246 NALPHEN DX DR 30ML	207513 COLD ELIXIR GRAP 402 207406 COLD SYBIRD OBANGE 4 OZ	207323 COUGH SYRUP YELLOW 4 OZ	622042 BROMATAPP EL 120ML SF	2297042 BROMATAPP EL 480ML SF	OMATAPP EL 3840ML A	2462703 ROBAFEN-CF SR 240ML	306603 ROBAFEN-CF SR 120ML BOXED	2306769 THERA HIST EX 80Z BOXED	2374593 THERA-HIST SR 240ML		40Ż	1605179 RESCON SL 120ML	2188423 RESCON SL 480ML	1033300 314 314 314 COLD FREF LU 2610863 666 COLD PREP LIO 307	1099514 SIX SIX COLD PREP LQ 60Z 206
· •	1238674 BI 1637172 N	1532480 PI	1530500 PI	1054642 BF	1354588 TH	2198083 TH	1923689 TH	2195774 TF	2254019 TF	4152407	1204577 DI	2277093 RH	2169365 TF	2169373 TF	1039510 BE	2357010 BF	2357002 BF	1291921 TR	71221839 IF	2419141 NA	2419158 NA	2148823 Q-	2072312.0-	2148716 TR	2148724 TR	1077387 DII	1493550 UN	2259893 NA	2260651 BR	2261246 NA	120/513 CO	1207323 CO	1622042 BR	2297042 BR	2485134 BR	2462703 RO	2306603 RO	2306/69 THI	2374593 THI	2305787 DIN	2474468 THE	1605179 RE	2188423 RES	2610863 666	1099514 SIX
375640	402168	806277	806269	805151	356193	62020	356905	356999	675792	36544	36552	672505	845833	845515	434515	982954	982938	861839	681288	208787	208795	874124	874140	874361	257166	591718	592587	_!	937690	938351	10172	10109	924695	958220	422207	338885	707619	881724	877522	698733	371955	311308	311316	122320	230928
												:								;		:		·		1 *	قائم الأراتا الأثار	ביין אין יין		Ç,	֓֞֞֜֞֜֞֜֞֜֞֜֞֓֓֓֓֓֓֞֟֜֓֓֓֓֓֞֟֜֓֓֓֓֞֟֜֓֓֓֓֞֟֜֓֓֓֞֓֓֞֡֓֞֜֜֡֓֡֡֡֡֜֝֡֡֡֡֜֝֡֡֡֡֜֝֡֡֡֡֡֡֡֡֡֝	NC N				TICALS	ICALS	IICALS	TICALS	TICALS	IICALS				
BARRE-NATIONAL	ALPHARMA	ALPHARMA	BARRE-NATIONAL	BARRE-NATIONAL BARRE-NATIONAL	BARRE-NATIONAL	BARRE-NATIONAL	BARRE-NATIONAL	BARRE-NATIONAL	BARRE-NATIONAL	KENWOOD	KENWOOD	FERNDALE LAB	RUGBY	RUGBY	RUGBY	RUGBY	RUGBY	RUGBY	RUGBY	QUALITEST	QUALITEST	QUALITEST	QUALITEST	QUALITEST	QUALITEST	JR.	URL BOSELIONIT BUYBNIACELITICAL CORE	H L MOORE	H L MOORE	HIL MOORE	CUMBERLAND-SWAN, INC	CUMBERLAND-SWAN, INC	HALSEY DRUG	HALSEY DRUG	HALSEY DRUG	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICAL	ION LABORATORIES	MONTICEL O DRIES	MONTICELLO DRUG	MONTICELLO DRUG
2-12.5/5	C/C.21-2	<u>6</u>	CGH/COL					2-12.5/5	2-12-5/5	2 2 3			<u>e</u> :	7EU	2-12.5/5			EXPECT	50MG	CHILD	PED	2.12.5/5		2-12.5/5	֓֞֝֞֝֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡֓֓֓֓֡֓֡֓֡֓֡	2-12.5/5	2-12.5/5	EXTENTA		PED 2 12 5/6	2-12-5/5		2-12.5/5	2-12.5/5	2-12.5/5	1	• • •	EXPECT				2-12.5/5			
Д. З.	SYP.	DRO	g i	ζ×	80	SOL	SYP	SYP	2 S	S O	8	Ą	0 0 0	ž ž	á	g	ğ	SON	TAB	SYP	2 2 3 4 5	۲×	1	SYP	SYP	<u>۾</u>	֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟	TAB	TAB	280	SYP	SYP	<u>ن</u>	֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝	9	SYP	- C	200	SYP	ጟ	SYP	99	2 2	ğ	٥
BROMANATE	NALDELATE	PHENADEX	PHENADEX	BROMANATEOM	THREAMINE	THREAMINE	THREAMINE DM	TRIPALGEN	TRIPALGEN	DUADACIN	DUADACIN	RHINOCAPS	TRI-DEC EX	BROMAI INF	BROMALINE	BROMALINE-DM	BROMALINE-DM	TRIPHENYL	PHENYLPROPAN	NALDELATE DX	NALDELATE DX	O-TAPP	Q-TAPP DM	TRIACTIN	TRIACTIN DM	DIMAHIST	UNI-BROM	BROMATAPP	BROMATAPP	NALPHEN DX	ORANGE COLD	YELLOW COUGH	BROMATAPP	BROMTAPP	BROMTAPP	ROBAFENCE	TUEBALLIET	THERAHIST	THERA-HIST	DIMAPHEN	THERA-COL	RESCON	See COI D	QT00 999,	Gee COLD
472072428	472080128	472114231	472114394	472142698	472156204	472156216	472156416	472159004	472159008	482072270	482072271	496033702	536219475	536234547	536234597	536235085	536235097	536268497	536424110	603079254	603079350	603084956	603085054	603091154	603091354	677105533	677106741	839110601	839736506	839775363	869284010	869284410	879057104	879075816	879075828	904005609	904003020	904033020	904033109	904071309	904788420	11808010304	11868000203	11868000203	11868000206
00472-0724-28	00472-0801-28	00472-1142-31	00472-1143-94	00472-1426-94	00472-1562-04	00472-1562-16	00472-1564-16	00472-1580-04	00472-1590-08	00482-0722-70	00482-0722-71	00496-0337-02	00536-2194-75	00536-2345-47	00536-2345-97	00536-2350-85	00536-2350-97	00536-2684-97	00536-4241-10	00603-0792-54	00603-0793-50	00603-0849-56	00603-0850-54	00603-0911-54	00603-0913-54	00677-1055-33	00677-1067-41	00839-1106-01	00839-7365-06	00839-7753-63 00869-2828-10		·	00879-0571-04	00879-0758-16	00879-0758-28		00904-0036-20					11808-0103-04			11868-0002-06

800 2 4 d	· -	<u>ب</u> مـ	ن. ف. أ	<u>.</u> a.	<u>ت</u> و		<u> </u>	۵	<u>a.</u>	a . a	<u>. o</u>	<u>a</u>	<u>a</u> (<u></u>	<u>.</u>	<u>. a</u>	٥.	<u>a</u> c	L 0		<u>م</u>	م م	هـ	<u>a</u>	م ر	<u>. a</u>	۵	م م	<u>.</u> <u></u>	. <u>a</u> .	<u>.</u> !	م تق	- <u> </u> 0-	<u>ب</u>	<u>ب</u>	م خو	10	. 0.	. ه	_	۰.	C (. ם	
Over Cype 8 PPA 8 PPA 8 PPA	A PPA	8 4 4 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8 PPA	8 PPA	8 PPA	A 700	8 PPA	8 PPA	8 PPA	8 PP 8	A PP A	8 PPA	8 PPA	V 400	< dd	8 PPA	8 PPA	8 PPA	4 dd	8 PPA	8 PPA	80 PPA	8 PPA	BPPA	8 PPA	8 PPA	8 PPA	8 PPA	Add:8	8 PPA	PPA 9	9 PPA	9 PPA	PPA 6	9 PPA	9 PPA	4 d d	9 PPA	9 PPA	9 PPA	9 PPA	40 PPA	40 PPA	
	2585420 GUAIATUSSIN CF SR 120ML HTP	₹	1096262 CHERACOL PLUS EL 60Z RBM 2303436 LIQUI-HISTINE-D EL 1607 I 10	OZ AF	2181386 BROMPHENYL EL 120ML MVP	219 1370 BYOMPHENT EL OUZ	:2	2181287 TUSSAMINIC/GUAIF SR 40Z MVP	8	2181311 IUSSAMINIC/CPM SR 40Z MVP	2181261 TUSSAMINICOL SYRUP 40Z	2139756 ALTARUSSN CF SR 120ML ALT	2706562 ALTARUSSIN CF SR BOZ ALT	2705539 ALTAMINIC SK 402 COLD/ALLERGY ALT	2139798 ALTAMINIC DM COUGH SR 120ML ALT			2277374 ALTATAPP EL 480ML ALT	2706497 ALTORANT EX 402 A/F ALT	2706513 ALTORANT EX 802 A/F ALT	2706638 ALTATAPP EL 4OZ A/F ALT	2539435 MYTUSSIN CF COUGH SR 120ML	2539260 MYPHETAPP AF EL 40Z	IL GR	2358463 MYPHETAPP EL 120ML MGP	ZOML	22	2214609 COUGH EX YELLOW 80Z RXM		2282473 COLDLOC LIQUID EX 160Z	1047166 SPEC T DECONGEST LOZ 10S SQ 84150	2202935 GENAMIN COLD SYR 407 SEE 1031053	2202927 GENAMIN EX NF 40Z GLD	70	2209427 CONGESTANT D TB 1000 RUG	1498310 DRISTAN TB TIN 12X12 MULTI SYMP	1484332 FRENTEFOFANOL RCL IB	GR	IML MJR	SINUSTAB TB 100	2711125 SINUSTAB TB 1000 DXS	1003177 ACUTRIM LATE DAY TB 20 014317	1396753 ACUTRIM LATE DAT 15 40 014557	
122354 122428 122428 122439	897310		CAL 180998	929685	871044	871117	871125	871176	871184	871150	871192	880655	270656	270653	880604	847291	889016	949655	270649	270651		CEUTICALS 253943	1	CEUTICALS 258097	PHARMACEUTICALS 1981133	894680	894974	894990	895016		83720	285285	961817	770477		THCARE 248908	924709	949418				449741	159832	
MONTICELLO DRUG MONTICELLO DRUG MONTICELLO DRUG	HI-TECH	ROBERTS PHARMACEUTICAL	KOBEKIS PHAKMACEUIICAL	LIQUIPHARM	MOVA	MOVA	MOVA	MOVA	MOVA	MOVA	MOVA	ALTAIRE	ALTAIRE	ALIAIRE	ALTAIRE	ALTAIRE	ALTAIRE	ALIAIRE	ALTAIRE	ALTAIRE	ALTAIRE	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORION GROVE PHARMA	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	FARO PHARMACEUTICAL, INC	APOTHECON	GOLDLINE	GOLDLINE	SCHEIN	RUGBY	WHITEHALL ROBINS HEALTHCARE	HALSEY DRUG	HALSEY DRUG	MÁJOR PHARMÁCEUTICALS	DIXON-SHANE	DIXON-SHANE	CIBA SELF MEDICATION	CIBA SELF MEDICATION	
PREPAR	#NAME?	COLD	3 2 2 4	M M	2-12.5/5	CF 15.33	្ត្រី	EXPECT	EXPECT	1-6.25/5	MULT	ភ្ជ		2-12-5/5	! !,	2-12.5/5	2-12.5/5	2-12:50	X A	Ä	2-12.5/5	; ; . ;	2-12.5/5	2-12.5/5	2-12:5/5	2-12.5/5	EXPECT	EXPECT	:	: (DECONG	1-6.25/5	EXPECT	;		MUL!	2-12.5/5		•			ANG CRAF	75MG CR	
	SYP	9	3 3 3	ٿ ت	<u> </u>	Y G	SYP	SO.	SOL	γγ	SYP	SYP	SYP O	S Y	SYP	<u>చ</u>	<u>교</u>	ή. Σ.Χ	SYP	SYP	و و	SYP	1	<u>ن</u>	٠ ٢ ×	<u>:</u>	20	SVP.	SYP	SOL	707	SYP	SOL	SYP	¥ .	TAB	2	<u>ڪ</u>	<u>പ</u>	TAB	TAB	9 0	<u>1</u> 48	
999 999 COLD 999 COLD	GUAIATUSS CF	CHERACOL PLU	CHERACOL PLU	LIQUI-HISTIN	BROMPHENYL	GLIAFFINESIN	GUAIFENESIN	TUSSAMINIC	TUSSAMINIC	TUSSAMINIC	TUSSAMINIC	ALTARUSSIN	ALTARUSSIN	AL TAMINIC	ALTAMINIC DM	ALTĀTAPP	ALTATAPP	ALIAIAPP AITATAPP	ALTORANT	ALTORANT	ALTATAPP	MYTUSSING	MYPHETAPP AF	MYPHETAPP AF	DIMEPHENY	COLD & ALLER	TRIMAPHEN	IRIMAPHEN ORANGE COLIGH	ORANGE COUGH	COLDLOC	SPEC-1 SORE	GENAMIN COLD	GENAMIN	GUIACOUGH CF	CONGESTANT D	DRISTAN COLD	BROMATAPP	BROMATAPP	DIMAPHEN	SINUSTAB	SINUSTAB	ACUIRIM LD	ACUTRIM II	
11868000206 11868000316 11868000332	50383011304		54198015716	54198015816	55370031912					55370032224			59390000641					59390002046	:			60432005608			60793000704			50814011908		2516	3084150	37			536351910			879057128 E			9.	8301431/		
	50383-0113-04	54092-0401-04	54198-0157-16	54198-0158-16	55370-0319-12	55370-0320-12	55370-0320-24	55370-0321-12	55370-0321-24	55370-0322-24	55370-0324-12	59390-0006-35	59390-0006-41	59390-0010-41	59390-0011-35			59390-0020-45	: _			60432-0056-08			60793-0007-04			60814-0119-08			00003-0841-50	- ' ~	00182-2097-37		00536-3519-10			00879-0571-28				00083-0143-17		

۵. ۵	ַבַ בַּ	٩	<u> </u>		₾.	م.	۵	۵.	<u>.</u>	<u>a</u> (<u>.</u>	_ 0		<u>a</u>	<u>a</u>	α.	<u>a</u>	۱	۰	<u>a</u> a	د م	ـ مـ	<u>a</u>		<u>a</u> (<u>a. a</u>	_ a_	<u>a</u>	<u>a</u>	<u>a</u> (<u></u>	ـ مـ	<u> </u>	٥	<u>a.</u> (٠.۵	<u>م</u>	۰	م.	ا ب	<u>.</u> .c	<u>.</u> .	۰,۵	۵.	. a .	à.	۵	٠.	a . c	۲.
40 PPA	40 PPA	40 PPA	40 PPA	40 PPA	40 PPA	40 PPA	40 PPA	40 PPA	42 PPA	42 PPA	414.07 414.07	70007	ZO PPA	70:PPA	70 PPA	70 PPA	70 PPA	70 PPA	70 PPA	70 PPA	AGG 07	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	SO PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	80 PPA	999 PPA	A99 000	A99 PPA	999 PPA	999 PPA	999 PPA	999 PPA	999 PPA	933 PPA
1396779 ACUTRIM II TB 40 MAX-STRN 2048401 ACITPIN TB 75MG 20 16-HP 018817	1048503 ACUTRIM TB 75MG 40 16-HR	2149177 DIETRIM ES TB 20 OLT	2474393 MEGA-TRIM CL 40 MJR	1379148 ODRINEX SUPER TAB 110S	•	1505692 THINZ SPAN DIET CAPS 21S WMS	1077148 HUNGREX PLUS TAB H7 1268	. DIET C	1495449 UNI-SLIM CAP 20S URL	2377133 GRAPEFRUIT DIET TAB 100S NHP	2256278; LDR COLD CAPS 20C1	2212005 DE TEIACTING MINT-RVMD ADV 14526	2312999 I DR TRIACTING EXPECT 402 18228	1783430 LDR BRONATAPP EXT RLF TAB 24CT	2312981 LDR PSEUDO COLD & ALLERGY TB 24CT	1376375 LDR COLD CAPS 10CT	1783448 LDR EFF COLD TAB 20CT 49460	1759232 LDR COLD & FLU SEVERE CP 16CT	2312924 LDR ALLERHIST-D 16CT 86073	1758143 LDR COLD & COUGH DM ELIXIR 40Z	23029331 DR TIPSIN CE SR 807	1833789 ROBITUSSIN-CF SR 120Z	1303767 ROBITUSSIN CF SR 160Z	Z	2371649; BROMANATE OM EL 120ML AF ALM	1158214 BROWN INFOTO EL 3840MI BILG		1394782 TRI-DEC CHILD SR 40Z RUG	1185842 BROMALINE ORAL SL 480ML RUG	ġ	1325/60 BKOMALINE FLUS I ABS 24 KG	MJR	. ≥	_	2	2162675 DIMAPHEN EL 3840MI	PFR	PFR	48	1188739 PYROXATE CAP 500S RBT	2485316; DIMETAPP EL 240ML KNG	2032549 Hydramint 25 mg 1602	1843390 LIN Timed Cold CP 10	1842756 LIN Testine SR 120 MI	1842558 UN Tristine EX 120 ML	2417871 UN Allergy and Cold EL 120 ml	1999036 Rhinex D-Lay SA 100	2053627 Rhinex D-Lay SA Tab 1000	1479567: Tri-Phenmine 480 ML 2630573 Cold and Alliams 430 ml	26395/3 Cold and Allergy 120 ml
159840	20982	872938	371904	474401	474398	331805	4804	12802	790260	915645	908722	028283	928275	968633	933481	17843	863909	968749	927244	968692	965219		RE 326429		790923	735493	771627	771635	680931	861847	839582	675520	598750	707821	749370	710555	935298	935298	123166	88072	423416	607600	** ***			0. :626767	373281	577928	127663	607/0/
75MG CR CIBA SELF MEDICATION 75MG CR CIBA SELF MEDICATION	75MG CR CIBA SELF MEDICATION	75MG ES QUALITEST	75MG CR. MAJOR PHARMACEUTICALS	FOX PHARMACAL INC	FOX PHARMACAL INC	ALVA-AMCO	ALLEGHANY	ALLEGHANY	UK	NAT-RUL HEALTH PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	LEADER BRAND PRODUCTS	WHITEHALL ROBINS HEALTHCA	WHITEHALL ROBINS HEALTHCARE	CARNRICK	ALPHARMA	BARRE-NALIONAL RIGRY	RUGBY	RUGBY	RUGBY	RUGBY	KUGBY	MAJOR PHARMACEUTICALS	PFEIFFER	PFEIFFER	PFEIFFER	ROBERTS PHARMACEUTICAL	KING PHAKMA	WARNER CHILCOLL	WARNER CHILCOLI AMERICAN PHARMACELITICAL CO	AMERICAN PHARMACEUTICAL CO	AMERICAN PHARMACEUTICAL CO.	AMERICAN PHARMACEUTICAL CO	GATE	GATE	GOLDLINE	COLDLINE				
	75MG CR	75MG ES	75MG CR	25MG	25MG	75MG TR		•••		DIET	4 6 05 K	MI T	EXPECT	12-75 ER	12-75 ER	8-75 CR	RELIEF	SEVERE		2, 13 5/5	75.7	P.	ن	25MG		2-12 5/5	PED	PEO	2-12.5/5	L C	FXPECT	TIMED		2-12.5/5	2-12.5/5	2-12-5/5		1			2/2/2/2	ZO-OZOMIL DEO		2-12 5/5						-
TAB	TAB	TAB	TAB	TAB	TAB	TAB	TAB	<u>ا</u> کو	3	¥8	֓֞֞֝֞֝֞֞֝֓֞֝֓֓֓֓֓֓֓֓֞֟֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓֟	2	200	TAB	:TAB	CAP	TAB	δ.	1 4 B	g >	<u>چ</u>	SYP	SYP	TAB	일 ?	N N N	8	SYP	<u>ئ</u>	SYP	TAB	1 <u>A</u> B	TAB	SYP	ቷ :	<u>ن</u> ک	TAB	TAB	TAB	1 AB	<u> </u>	ر د د	Z AP	ξ	SOL	Ä	TAB	TAB	d S	7
ACUTRIM II	ACUTRIM	DIETRIM ES	MEGA-TRIM	SUP ODRINEX	SUP ODRINEX	THINZ-SPAN	HUNGREX PLUS	PERMATHENE	ON-SCIM	GRAPEFRUIT	COLD	TRIACTING	TRIACTING	BROMATAPP	DIBROMM	COLD	EFFER COLD	COLD & FLU	ALLERHIST-D	COLD & COUGH	TUSSIN CF	ROBITUSSIN	ROBITUSSIN	PROPAGEST	BROMANATE DM	I HKEAMINE BROMAI INF	TRI-DEC	TRI-DEC	BROMALINE	TRIPHENICOLD	BRUNALINE	DIMAPHEN	DIMAPHEN	THERA-HIST	DIMAPHEN	DIMAPHEN	SINAPILS	SINAPILS	TRI-NEFRIN	PYRROXATE	DIMEPHENT	HYDROMINE	TIMED COLD	TRISTINE	TRISTINE	ALLERGY/COLD	RHINEX D-LAY	RHINEX D-LAY	NEW DECONGES	- TENE - 18 20 - (C)
83014537	83018837	603013609	904243639	1042500201	1042500202	7295916021	7386569126	7386574800	6//123660	9460431710	3/205010960	37205014026	37205018226	37205030662	37205045162	37205048252	37205049460	37205050173	37205086073	37205093926	37205096534	31867722	31867725	86005110	472071294	472156216 536039090	536219275	536219397	536234585	536268297	536438935	904021412	904021624	904033120	904071300	904071328	927003363	927013363	927053224		47704773	47200423	84046301	84060804	84060904		····· · :		182149540	
00083-0145-37	00083-0188-37	00603-0136-09	00904-2436-39	10425-00201	10425-00202				Š	94604-31710	37205-0109-60 37205-0146-26	37205-0140-26	37205-0182-26	-			•	•	٠.	37205-0939-26			٠,	_		004/2-1562-16					00536-3389-35				00904-0713-00				٠.,		00/13-000/-08			٠.					00182-1495-40 1	

900		۵.	. 0	. (L,	٩	٥	_ (a .	α.	. (ı	۵	. 1	<u>.</u>	٥	<u>.</u>	یة		<u>.</u>	ą		<u>.</u>	٥	Ļ.	<u>.</u>	: !	<u>.</u>	C	<u>.</u>	٥	_ (<u>a</u> .	• <u>!</u>	ق	. (<u>a.</u>	. <u>.</u>	<u>a</u> _	•	ı.	٥	<u>۔</u>	٩	٠.	٩		<u>.</u>		<u>.</u>		<u>.</u>	۵	<u>.</u>	٥	<u>.</u> !	<u>.</u>	.0	<u>.</u>	۵.		<u>.</u>	۵		۵.		L.	٥	L	٥.		Ļ	٥	. (ī	٩	L	۵.	. (Ļ	٩	<u>.</u>	'n	G	0	ç	, ('n	ď	,	o.) (Ç		'n
der type	999 P	A99 PPA	000 PPA		۲ L L R R R	899 PPA	AGG 000	2 1 2 2 2	899 PPA	A99 PPA		933 PPA	AGG 000		899 PPA	V00 000	(LL 000	899 PPA		47 Y	AGG GGG		839 PPA	VOQ DOO		ADD 000		899 PPA	400.000	۲. ۱	A99 PPA		899 PPA		999.PPA		999-PPA		999 PPA	1000	₹1.000 0.000	AGG 000	CLL CCC	Add ppp		999.PPA	4000	411 555 555 555 555 555 555 555 555 555 5	40000	411.568 611.568		₹1.566	Add poo		ADD DOD		899.PPA	AGG-GGG	C	APP 999		888 PFA	AGG PDA		999 PPA	400	KLL DAD	900 DD9	C	999 PPA	A 000		899 PPA		V 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	A00 000	£ 1.000	A99 PPA		411 FFF	000 DDV	CLARG	- PSE	190	100	1 PSE		L N	1 000	3	T PSG F	J 1	1 PSE	1000	1 PSE
Solid Transport of the second	-	2633352 Histafed Ped OTC 120 ml	2017580 Respinol LA 100	4000000 7.000000000000000000000000000000	OOL LL HIDREN OOCOCO	2665545; S-T Forte 120 ML	2665552; S-T Forte 240 ml	11 Oct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zeesseu s-I Forte 480 ML	2665578 S-T Forte 3840 ML	20000000 TO 11 T T C COCCOCC	Z002200 2-1 F0TB ST 1Z0 ML	2665504 S.T Forte SE 240 MI		Zundomanate 460 ML	2668064 Bromeline helpt 480 ml	TOOOT WINDLESS OF TOO TOO	1990167 Nasahist 100	Can Can Francisco	III noz unanbsni zczeni	2204005 Deconcestant TTT 400	2202022 D. T. L. T. T. L.	2/038/3 DB-1USB 111 100	2704024 Dalhieting DM TTT 480 MI	A CONTRACTION OF THE CIVIL TO A CONTRACTION OF THE	2701571 Metahistine D EL TTT 480 ML	600	2623486i Dimaphen 100	2620073 Anti Allora MED 37 EM 20	CONTRACTOR AND COLOR CO.	2628725 Extreme Cold Formula 10		2694461 U/L Dimaphen 240 ML		2624674; Norphenamine SA 100	00044001 owners Ford 0A 400	2621183 Lantuss Forte SA 100		ZOZIJEJ IZNIUSS XP 480 MI	2677740 Dicerton 200 Lit	SOL CHOLLIGHEX SOU MIL	2677830 Tri-foddno 120 ml		26778211Tri-fedrine 402	The state of the s	2677847 Tri-Fedricol 120 ml	2677640 Malabon DV Dodlactrie 20 mi	20/ 7049 Naiphen DA Pediacing 30 mi	2677666 Molekon EV Dodinatela 20 mil	2017050 Naiphen EX Pedicatric 30 mil	SATATO Nother Age and	SOLVOY SIMILATION IN THE STATE OF THE STATE	2677680 Najohen 3840 Mi		2677524 Nalphen Pediatric 120 ml	Contract Con	20//332 Naiphen Pedicatic 460 mi	2677540 Nalphen Dediatif SR 3840 mil		2677664: Natohen Pediatric 30 ml	TO COLORODO TO	2028U46: F-16X 48U ML	1792902 T-Koff 480 MI	The second secon	Z6Z0896;Codegest 480 ML	2520004 Codemet 2480 Mil	Taccount Segment Segme	2578084 Guaifenesin/Pheny P.40075 100		Z696/30:PPA +Gualfenesin SA 400/75 100	2678002 Gueffereele/Dremd D 40075 400		2678696 Brompheniramine/PP 120 mt	2670704.0	20/0/Octobringmine/Pr 240 mi	2678712 Bromphanicamine/BD 480 ml		2678720 Brompheniramine/PP 3840 ml	00,00	Sold Service Control of the Control	2678803 Richies CR 240 ml		SOUBS/OFMUTRIN IB SINUS IB 30	SECRETARIA DE SINITA DE SOS	CO LO CONTRO EL MINITORI TECNOCA	2431260 TYLENOL GELTAB A/S 24 50424	THE PARTY OF THE PROPERTY OF T	2489733 ITLENOL CHILOKENS EL 402 FLU	2191260 GENAPAP COLD GELCAP 20S		1045616 ALLEREST SPF TB 20 B1G1F 059202	1	2168441 ALLERFRIN SYRUP 1280Z OTC RG	ã	1494525 PHENAPAPISINUS TAB 30S RG
- Tare - DP number	863033	725250	480584	372206		8301/8	R3018F	00000	830194	830259	100000	02050	R30275	1000	2/200/5	REGETR	200	366234		ALC/AL	B70188	00000	LCGROS	A70790	2	844217	0000	2000432	740060		707155	00000	299760	FEE	675547	BEE147	1655147	4440	00000	003700	000 000	Razaan	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	897981	1070000	898040	807515	000	1807532	576/60	ROZEAN	2	897558		897388	00.4300	082780	897400		897531	0000	00000	271233	CONTRACTOR OF THE PARTY OF THE	024580	000799	00000	898600		1032/0	208651		899895	000000	606660	899995		888833	000000	Dennos	580006:		607/4: YEM	378C71 GEN		.250791	140007	44900/	885100	1	3577	01410	487473	11551	415534
vendor									,														,				01701	מ באר	O IV		CALS		SALS	0	CALS								:		:					4 4 5 5 5											9 14	֝֝֟֝֝֟֝֝֟֝֝֟֝֟֝֝֟֝֟֝֟֝֟֝֟ ֓			20	ď	2																	UNC						:	_				
-	GOLDLINE	GERIATRIC	MISEMER	MISEMED	11000	SCOI-IOSSIN	SCOT-TUSSIN	MISSIN TOO	NICCO I-TODG	SCOT-TUSSIN	MISSIST TOOS	NICCOL-1000	NISSIT-TOSS	TANCE PART BOOK OF	DARKE-NA HONAL	- PI ICRY		KEENE	עו לַמַּיַל	CINCLE.	HIMOORE	DOCOM - I	H L MOOKE	HI MOORE		HIMOORE	יום שלאום אחם מכו אוז	MAJOR PHARMACEO IICALS	MA 100 PHARMACE ITICAL S		MAJOR PHARMACEUTICALS		MAJOR PHARMACEU ICALS	F	MAJOR PHARMACEUI	Citizen Alakin ICC	COLUMBIA DRUG	Crac variation	COLUMBIA DRUG	HITECH		H-THCH		F-TECH			HITECH		HUHLING THE		I.II.I	5	H-1ECH				ביייי	HITECH		HIELE	O I VOLLEY DAVID A I CO		T E WILLIAMS	COA LICOLITICO TITOO	GREAT COCINERA	CREAT SOUTHERN ARE		INTERPHARM		MAKALANI	INTERPHARM		BIO-PHARM	MOVEO		BIO-PHARM		BOTTAKE	MOVING CIR	NY CLL-OID	BIO-PHARM	4 C C C C C C C C C C C C C C C C C C C	SUDDIO & KINKWIKKIL	PHARMACIA & LIPIOHN CONSTINCT		MCNEIL CONSOMER	DOMESTICATION OF THE PROPERTY	MONETE CONSOMER	GOLDLINE		CIBA SELF MEDICATION	70010	TUCBI	RICRY	אַכּפּפּוּ
misc1	CHILDRE GOLDLINE	PED GERIATRIC	CR MISEMER	•	•		WISHGA SCOT-TUSSIN	•	• •	W/SUGA SCOT-TUSSIN		NICCOL-1006	NISSILT-LOUS:	•	Z-1Z-3/3 BARRE-INALIONAL			CR	ש כפול		CR HI MOORE			THE MOORE		#NAME? HI MOORE		DECK PRAKMACED	TI IJOP DNA	•	FORMUL MAJOR PHARMACEUT		Z-12.5/5 MAJOR PHARMACEUI		CR MAJOR PHARMACEUT		COLUMBIA DRUG	CHOC MONITOC	COLUMBIA DRUG	HITECH	= .	1-6 25/5 HI-TECH		6.25-50 HI-TECH	- CLF		DED HITECH	-	בייד ביים משמי	π.		5	±31-±		FED			-		PED H-TECH			TEWILIAMS	- INCLIFE CO FILEC	GREAT WOOLHERN L	A LUCKET SOUTHERN A		75-400MG INTERPHARM		WHY LIVE DWOOT C	75-400MG:INTERPHARM		2-12.5/5 BIO-PHARM	MOADO CIO SIS CLES		2-12-5/5 BIO-PHARM	-	Z-1Z-3/3 BIQ-PHARM	NOVIO CIO		BIO-PHARM		- ,	SINIS PHARMACIA & LIDIOHN		SINUS MCNEIL CONSOMER	ממיאוסאכט וומאכזיי. מיוחסן		GOLDLINE		SINUS CIBA SELF MEDICATION		1.25-30 KUGBY	٣	こうりつ りょうりんしょ
form misc1	CHILDRE GOLDLINE	•	٠	5		W/SUGA	-	1011011	YOUG/W				NISSILI-LOUS CIT		C/C:71-7			క్ర			-	2	֭֭֭֭֭֭֭֭֭֭֓֞			•	_	- :	TAR MADMACKIT		٠.	2000	C/C.ZL-Z		ž		****	Cried Midritico		LOST IN TECH			3.1			_		3	=	ביים ביים			SYP			Cuc	2	-					SYP	4 - 10 - 11 - 10 - 10 - 10 - 10 - 10 - 1		A LINEBNI A LINEBNI A		TAB 75-400MG INTERPHARM		WHY LIVE BY ON	TAR 75-400MC:INTERPHARM	!			200				MOVING CIE	-	SYP BIO-PHARM		CONIC	•		-		3	TAB		•		SYP 1.25-30 KUGBY	TAR HA/CONG BIIGRY	
inscription of the section of the se	I DX SYP CHILDRE GOLDLINE	PED	<u>چ</u>	TAB	900	STP W/SUGA	W/SHGA	TO COMMITTED TO CASE	ASUCWA ATC	. WSUGA	<u> </u>	3		2 2 2	CK.21-2	2-12 5/5	20.41.47	క్ర	axa		Z.	ور	אַ אַ	MC		#NAME?		- 1			FORMUL	, C	C/C.ZL-Z	E < C < F	ž	TAB	- Y		LIO		2	1-6 25/5		SOL 6.25-50		SYF	CHO	מין כיי	בשמ		۵×2	2			PED	000	בוני	PED		PED	7	100			7		}			9	_		12-12.5/5	12-42 K/K		2-12 5/5		2-12.5/5		5		0	CONIC	UNIV		SONIS		3			SONIS	00.00	SYP 1.25-30	SIN TAR HAVCONG	<u>8</u>
description formal miscr w	PEDIACON DX SYP CHILDRE GOLDLINE	SYP PED	:TAB :CR	HU: BAT IINASSIT	THE COLUMN	איטטאור איזט פואטרויי	SYP WISHGA	THOUSE CASE	ASUCIAN STE STEP INC. 1-0	SYP W/SUGA	9	יסיו דטאובים דיי	2	TANAMAN AND A 40 BIR	מערטשאואור ברא יב-ולימים	FIX 2-12 5/5		CAP CR	axa	ווסמחברווע	TAB	מט בווני	באר בינים בינים בינים בינים	MO		ELX #NAME?	DILLABOURN ON TABLE	UMAPHEN OA TAB	TAR		TAB FORMUL	200000000000000000000000000000000000000	ELX (2-12.5/5	CAT THE PRINCIPLE OF A	IAB	HAT	LANIUSS FOR TAB	a/o	LY-COLLEGE DIT	2		SYP 1-6 25/5		SOL 6.25-50		IN-FEDRICOL SYP	טפט טפט	משבו סעם עס איינו איינו	בשמ		G/S		Z.A.		SYP	יייי יייי ייייי יייייי ייייייייייייייי	משביים מוני	SYP		DKO PED	- Co	100	SYP		CONCRES	5		TAB		בייייייי אייייייייייייייייייייייייייייי	TAB	1	ELX :2-12.5/5	EI V 12 42 6/K		EIX 2-12 5/5		ELX 2-12.5/5			SYP	CONTRACTOR OF THE CONTRACTOR O	CONIC GYI GI NILLION	TAR		I AB SINUS		מונים ליונים ליו	TAB		TAB SINUS	CO SO TO SOLUTION OF THE PARTY	ALLEKIKIN SYP 1.25-30	TAR HAVCONS	THENAFAF SIN TAB

428124	CUMBERLAND-SWAN, INC 10102 1207216 EFFERVES COLD MED 36S 100MED 36S 1207299 DECONGESTANT TAB 24S	LS 497800 2	883590 1595206 MOTRIN IB SINUS CPLT 20S 1893620 1595255 MOTRIN IB SINUS CPLT 40S	542232 1357532 DIMACOL COUGH & COLD CAP 545260 1357524 DIMACOL COLIGH & COLD CAP	545279	349151	801054	927104	856657	WHITEHALL ROBINS HEALTHCARE 85665 1879337 ROBITUSSIN SEV CONG LIQUICAP 12S WHITEHALL ROBINS HEALTHCARE 856673 1883131 ROBITUSSIN SEV CONG LIQUICAP 20S	926680	248169				2185221 TYLENOL MS NIGHT FLU GELCAP 1053578 SINE-AID CAPLET XS 24S 19124		443778 2489748 TYLENOL CLD SEVER CONGESTION 24 431303 1053628 TYLENOL COLD CAPLET 245 285-24			688394 2186864 TYLENOL SINUS GELTAB 60S 865249 1906197 SINE AID CAPLET IB 20S 29920 MCN	786926 1612282PEDIACARE COLD/ALLERGY TAB 16S		(7)880/ 185584 IYLENOL ALLERGY SINUS GELCAP 20S (7)8815 185582 TYLENOL ALLERGY SINUS GELCAP 40S	56553 1098649 TYLENOL SINUS TAB 24S 405-42 264369 1376870 TYLENOL SINUS TAB 50S 405-50			882496 1009570 TYLENOL ALLRGY SINUS CPLT 24 NITE 602728 1535319 TYLENOL COLD CAPLET 24S NO		-
428124 1494442 SINUS TAB NON-DROWSY	10102 1207216 EFFERVES COLD MED 36S 10108 1207299 DECONGESTANT TAB 24S	SUMER 883573 1595230 MOTRIN IB SINIS TAB 208	883590 1595206 MOTRIN B SINUS CPLT 20S 883620 1595255 MOTRIN B SINUS CPLT 40S	542232 1357532 DIMACOL COUGH & COLD CAP 545260 1357524 DIMACOL COLIGH & COLD CAP	545279	349151	801054	927104	856657	856665 856673	926680	248169			1013200 TYLENOL COLD TAB 50S 0172-50 2185213 TYLENOL M/S NIGHT FLU GELCAP	2185221 TYLENOL MS NIGHT FLU GELCAP 1053578 SINE-AID CAPLET XS 24S 19124					2186864 TYLENOL SINUS GELTAB 60S 1906197 SINE AID CAPLET IB 20S 29920					2190023				-
428124 1494442 SINUS TAB NON-DROWSY	10102 1207216 EFFERVES COLD MED 36S 10108 1207299 DECONGESTANT TAB 24S	SUMER 883573 1595230 MOTRIN IB SINIS TAB 208	883590 1595206 MOTRIN B SINUS CPLT 20S 883620 1595255 MOTRIN B SINUS CPLT 40S	542232 1357532 DIMACOL COUGH & COLD CAP 545260 1357524 DIMACOL COLIGH & COLD CAP	545279	349151	801054	927104	856657	856665 856673	926680	248169			1013200 TYLENOL COLD TAB 50S 0172-50 2185213 TYLENOL M/S NIGHT FLU GELCAP	2185221 TYLENOL MS NIGHT FLU GELCAP 1053578 SINE-AID CAPLET XS 24S 19124					2186864 TYLENOL SINUS GELTAB 60S 1906197 SINE AID CAPLET IB 20S 29920					2190023				-
428124 1494442 SINUS TAB NON-DROWSY	10102 1207216 EFFERVES COLD MED 36S 10108 1207299 DECONGESTANT TAB 24S	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169														2190023				-
428124	10102	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169														2190023				-
428124	10102	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169														2190023				-
428124	10102	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169														2190023				-
428124	10102	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169														2190023				-
428124	10102	1497800 2 ISUMER 883573 1	883590	545232	545279	349151	801054	927104	856657	856665 856673	926680	248169																		-
		SUMER		i		;	:						738557	550566	169706 550990	550680	431362	443778	431311	553298	689394 865249	786926	162040	718817	56553	962317	431346	602728	602736	634891
		SUMER		i		;	:						7385	55050	1697	4313	43136	43130	43131	55326	68935	78692	16204	71881	56553	96231	43134	:88249 :60272	60273	63489
	SWAN, INC SWAN, INC	ACEUTICALS UPJOHN CONSUMER	PJOHN CONSUMER	S HEALTHCARE S HEALTHCARE	HEALTHCARE	TEAL THOARE		EALTHCARE EALTHCARE	ALTHCARE	ALTHCARE	ALTHCARE ALTHCARE	ALTHCARE				•	٠			:		•	:							
!	SWAN, INC SWAN, INC	ACEUTICALS UPJOHN CONSUI	JOHN CONSUI	S HEALTHCA S HEALTHCA	HEALTHCA	EALTHCA	•	EALTHCA EALTHCA	ALTHCA	ALTHCA	ALTHCA	ALTHCA	:			*														
	SWAN, INC SWAN, INC	ACEUTICA UPJOHN C	DUHOC	SHEA		<u>₹</u>		33	₹.	⋜ ⋜	₹₹	₹								•		•	•							
	SW SW	Š S S	٧٧		ט גט כ	2 2		N N	出:	出出	出出	포	~	~ ~	~:~	~ .~ .														
. !	₫ ₫	مخ مخ	2 2 2 2 2 2	ROBIN			ខ្មាំ	POBIN POBIN	ROBIN	2081N	30BIN 30BIN	ROBING	SUME	SUME	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CONSUMER	CMER	CONSUMER	CONSUMER	UMER
. ;	FRAN	RPHAF	MACIA	FALL	N A A	A H	ROBINS CONS ROBINS CONS	HALL	HALL	HALL	WHITEHALL ROBINS WHITEHALL ROBINS	WHITEHALL ROBINS	MONEIL CONSUMER									MCNEIL CONSUMER	800							MONEIL CONSUMER
3	CUMB	MAJO	PHAR	WHITE	NHI N	M M	ROBIN FOBIN	WHITE	WHIT	WHITE	WHITE	WHITE	MCNE	MCNE	MCNEIL	MCNEIL	MCNEIL	MCNEIL	MCNEIL	MONEIL	MCNEIL	MCNEIL	MCNEIL	MONEIL	MCNEIL	MONEIL		MCNEIL	MCNEIL	O C
	වු	MAX-STR SINUS	SINUS		ç	§ & &	s s	7.5/.BML CLD/CGH	190/0		COLD/FL :		_	NI PI		Z Z	STR					COLD/AL	Œ	riun i pp Bu		£:		AAX-SIR: O		2
	30MG	MAX-S	S S		30 140	30 MG	SINUS	2.5	2.6	SEV	ខ្លួន	NIGHT.	2 <u>P</u>	<u> </u>	Ž	2 X	MAX SEV	S S	S. IN	SINUS	SINOS	S X X X	χž	SINGS	SINUS	#NAME?	SINUS	ž o	NO	SINUS
14B	TAB TAB	7AB 7AB	7AB 7AB	TAB TAB	TAB PAB	A S	TAB TAB	S S	Y S	A A	88	A N	ŽŽ	<u>\$</u> @ (4 B	A AB	AB AB	AB AB	8	AB AB	HW AB		ξĄ	8 B	¥₽	. . .	9 9	A B	TAB
	F			•. •					. •											-:	<u></u>	O.F					:			
}	MEDICI MGEST,	SINUS	8 8 8 8	ಕ್ಷ	20 C	1 4 6	g g	APP PE	NISSI	NISSI NISSI	NSSIN	JSSIN FILL MA	ARE .	7 Z Z	걸린	4 a a	2 20 20 1	222	20.2	الا	ح ت . 6	ARE		¥ .	 -	200	ي ج. و ليان	1 1 2 1 1	8 8	ALLE
SINUS	COLD	MAPAF	MOTRI	DIMAC	DIMAC	OMET.	OMET OMET	SOBIT!	TIBOS		SOBIT. TIBOS	NERA	EDIAC	Y LEN	YLENC	Y LEN	YLENC YLENC	YLENC	YLENC	VEN.	YCE N	EDIAC	INE-AI	Y ENG	YEEN	YENO	YENO	YLENO	YLENO YLENO	TYLENOL SINE-AID
	** **.										****		* ******	TT!	<u> !</u>	- 9.9	s ⊢	; <u>.</u>	L	- i - i	- 0	<u>a.</u> .	: :	<u>- (-)</u>	-: - :	FF	: <u></u>	- F	E.F.	
1542	92916	73501	73801	16534E 165354	165363	224554 224554	226052 226056	228378 860046	860052	860146 860152	860246 860252	860352	012024	317224	017250	719124	319150 321412)21424)28524	728550 129024	129048	729050 129920	36716	138140	138540	740550 140550	43224	43250	45924	45950	45046150
	8 8			. <u></u> - ، ،	9		<u> </u>		:			****	, .	-						;	1 .	450	55	35.	4. 2		,			
• • • •	6 6	20	동점	⊕: ≭	2 23	5.4.0	20.50	2 4	12. 2		4.10	# 9	10.	25.	72-5	7 7	ro -		0.4	(4)	0	ဖြစ်		ا م	Y 0	~ ~	, IX >	2 2	59-56	00045-0461-50
	SINUS	677154201 SINUS 869291610 COLD MEDICIN 869298010 DECONGESTANT	677154201 SINUS 869229610 COLOM MEDICIN 8692298010 DECONGESTANT 904795424 MAPAP SINUS 9373501 MOTRIN IB	67754201 SINUS 869291610 COLD MEDICIN 869298010 DECONGESTANT 904795424 MAPAP SINUS 9373801 MOTRIN IB 9373802 MOTRIN IB	17154201 SINUS 86929610 COLD MEDICIN 86929610 DECONGESTANT 904795424 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 31165346 DIMACOL	677164201 SINUS 86929601 COLD MEDICIN 869298010 DECONGESTANT 904795424 MAPAP SINUS 9373801 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 91165346 DIMACOL 31165354 DIMACOL	677154201 SINUS 869291610 COLO MEDICIN 86929804 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 1165346 DIMACOL 31165353 DIMACOL 31224554 DIMACOL	677164201 SINUS 869296010 COLD MEDICINI 86828010 COLD MEDICINI 90479542 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 DIMACOL 31165363 DIMACOL 31165363 DIMACOL 31224546 DIMETAPP DEC 31224552 DIMETAPP DEC	677164201 SINUS 669296010 CCUD MEDICIN 669296010 DECONGESTANT 904795424 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373804 DIMACOL 31165346 DIMACOL 31122454 DIMETAPP DEC 31226052 DIMETAPP DEC 31226056 DIMETAPP DEC	677154201 SINUS 66929610 COLD MEDICIN 669296010 COLD MEDICIN 669298010 COLD MEDICIN 669298010 COLD MEDICIN 6973801 MOTRIN IB 6973802 MIMECOL 6973122454 DIMECOL 6972652 DIMETAPP DEC 6972652 DIMETA	677154201 SINUS 869296010 COLD MEDICIN 869296010 COLD MEDICIN 90479542 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9372834 DIMACOL 31165363 DIMACOL 3122454 DIMETAPP DEC 31224554 DIMETAPP DEC 31226056 DIMETAPP PED 31228378 DIMETAPP PED 31228378 DIMETAPP PED 31860046 ROBITUSSIN 31860046 ROBITUSSIN 31860146 ROBITUSSIN	677154201 SINUS 669296010 COLD MEDICIN 669296010 COLD MEDICIN 669296010 COLD MEDICIN 669296010 COLD MEDICIN 69373501 MOTRIN IB 9373601 MOTRIN IB 9373601 MOTRIN IB 9373601 MOTRIN IB 9373601 MOTRIN IB 9372601 MOTRIN IB 9372605 DIMETAPP DEC 3122605 DIMETAPP DEC 3122605 DIMETAPP PED 3122605 DIMETAPP PED 3122605 DIMETAPP PED 3122605 COMETAPP 3122605 COMETAPP 3122605 COMETAPP 3122605 COMETAPP 31260046 ROBITUSSIN 3166046 ROBITUSSIN 3166046 ROBITUSSIN 3166025 ROBITUSSIN	6677154201 SINUUS 6692261610 COLD MEDICIN 669228010 DECONGESTANT 904795424 MAPAP SINUS 9173802 MOTRIN IB 91765346 DIMACOL 31165354 DIMACOL 311224554 DIMETAPP DEC 31224554 DIMETAPP DEC 31226055 DIMETAPP DEC 31226056 DIMETAPP PED 31226056 DIMETAPP PED 31226056 DIMETAPP PED 31260046 ROBITUSSIN 31860146 ROBITUSSIN 31860146 ROBITUSSIN 31860252 ROBITUSSIN	677194201 SINUS 689299101 COLD MEDICIN 689299101 COLD MEDICIN 689299101 COLD MEDICIN 9973501 MOTRIN IB 9373801 MOTRIN IB 9372801 MOTRIN IB 9372801 MOTRIN IB 93728026 DIMETAPP DEC 93728056 DIMETAPP DEC 93728056 DIMETAPP PED 93728056 DIMETAPP PED 93728050 DIMETAPP PED 9372805 DIMETAPP PED	847194201 SINUS 8692991610 COLD MEDICIN 8692991610 COLD MEDICIN 904795424 MAPAP SINUS 9373501 MOTRIN IB 9373802 MOTRIN IB 93122454 DIMETAPP DEC 931226055 DIMETAPP DEC 931226056 DIMETAPP PED 931226056 DIMETAPP PED 931280165 931280165 931860165 ROBITUSSIN 931860165 ROBITUSSIN 931860252 ROBITUSSIN	877194201 SINUUS 8692291610 COLD MEDICIN 8692291610 COCLD MEDICIN 904795424 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 13165346 DIMACOL 31165346 DIMACOL 31165354 DIMETAPP DEC 3122454 DIMETAPP DEC 31224554 DIMETAPP DEC 31226055 DIMETAPP PED 3126055 DIMETAPP PED 3126055 ROBITUSSIN 31860146 ROBITUSSIN 31860146 ROBITUSSIN 31860152 ROBITUSSIN 31860152 ROBITUSSIN 31860152 ROBITUSSIN 31860152 ROBITUSSIN 31860152 ROBITUSSIN 31860152 ROBITUSSIN 31860124 ROBITUSSIN 31860125 ROBITUSSIN 31860124 ROBITUSSIN 31860125 ROBITUSSIN 318601201 ROBITUSSIN	847194201 SINUUS 8692291610 COUD MEDICIN 8692291610 COUD MEDICIN 904795424 MAPAP SINUS 9373501 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373801 MOTRIN IB 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 93122454 DIMACOL 93122454 DIMETAPP DEC 931226055 DIMETAPP DEC 931226056 DIMETAPP PED 931228018 ROBITUSSIN 931880152 ROBITUSSIN 931880152 ROBITUSSIN 931880252 ROBITUSSIN 931880324 RYLENOL COLD 9501724 TYLENOL FLU 95017240 TYLENOL FLU 95017240 SINE-AID	877194201 SINUUS 8692291610 COUD MEDICIN 8692291610 COUD MEDICIN 904795424 MAPAP SINUS 904795426 MAPAP SINUS 91165346 DIMACOL 91165354 DIMACOL 91122454 DIMETAPP DEC 91226052 DIMETAPP DEC 91226052 DIMETAPP DEC 91226052 DIMETAPP PED 91226052 DI	1 169291610 COLD MEDICIN 6892991610 COLD METAP 691292652 DIMETAP PED 31226926 DIMETAP PED 31226926 DIMETAP PED 31226926 DIMETAP PED 31226926 DIMETAP PED 31680925 DIMETAP PED 31680926 COBITUSSIN 3168046 ROBITUSSIN 31680226 ROBITUSSIN 31680224 ROBI	877194201 SINUS 8692991610 COLD MEDICIN 8692991610 COLD MEDICIN 9904795424 MAPAP SINUS 9973801 MOTRIN IB 9973802 MMACOL 9122605 DIMETAPP PED	867794201 SINUS 869291610 COLD MEDICIN 904795424 MAPAP SINUS 9373801 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373802 MOTRIN IB 9373804 MOTRIN IB 9378802 DIMACOL 3165354 DIMETAPP DEC 931224554 DIMETAPP DEC 931226052 DIMET	86929610 COLD MEDICIN 89373601 MOTRIN IB 9373801 MMCOL 3122454 DIMACOL 31224554 DIMETAPP DEC 31226052 DIMETAPP DEC 31260052 ROBITUSSIN 31860262 PYLENOL COLD 45017410 TYLENOL COLD 45019150 SINE-AID BECOLD 45029048 TYLENOL COLD 45029048 TYLENOL COLD 45029048 TYLENOL T	100 COLD MEDICIN 100 COLD MEDICIN 101 COLD MEDICIN 102 MAPPA SINUS 102 MATRIN IB 103 MACOL 103 DIMACOL 103 DIMACOL 103 DIMETAPP DEC 103 DIME	100 COLD MEDICIN 100 COLD MEDICIN 101 COLD MEDICIN 102 MATRIN IB 101 MATRIN IB 101 MATRIN IB 101 MATCOL 102 DIMETAPP DEC 103 DIMETAPP DEC 103 DIMETAPP DEC 103 DIMETAPP DEC 104 METAPP DEC 104 METAPP DEC 105 DIMETAPP DEC 105 DIME	869296010 COLD MEDICIN 869298010 COLD MEDICIN MAPAP SINUS 9373801 MOTRIN IB 93728050 DIMETAPP DEC 31228056 TYLENOL COLD 4501224 PEDIACARE 4501224 TYLENOL COLD 45012950 SINE-AID B 45012950 SINE-AID B 45029056 TYLENOL ALLE 450393130 SINE-AID ALLE 450393130 SINE-AID ALLE 45039520 TYLENOL ALLE 45039520 TYLENOL ALLE 65038520 TYLENOL ALLE 65038520 TYLENOL ALLE 6503850 T	877194201 SINUS 8692291610 CCUD MEDICIN 8692291610 CCUD MEDICIN 8973801 MOTRIN IB 8973802 MOTRIN IB 8973803 MOTRIN IB 8973801 MOTRIN IB 8973802 MOTRIN IB 8973804 MOTRIN IB 89707420 MOTRIN IB 89707420 MOTRIN IB 89707420 MOTRIN IB 89707420 MOTRIN ICOLD 85707420 MOTRIN ICOLD 85707424 MOTRIN ICOLD 857078140 MOTRIN ICOLD 877078140	8692991610 8692991610 8692991610 8692991610 89373801 89373802 89373801 89373802 89373802 89373802 89373802 89373802 89373802 89373802 89373802 89373802 89373802 89373803 89373802 89373803 89373803 89373802 89373803 89373802 89373803 8937	877194201 SINUS 8692291610 COLD MEDICIN 8692291610 COLD MEDICIN 904795424 MAPAP SINUS 904795424 MAPAP SINUS 904795424 MAPAP SINUS 904795424 MAPAP SINUS 31165354 DIMACOL 31165354 DIMACOL 31224554 DIMETAPP DEC 31224554 DIMETAPP DEC 31224554 DIMETAPP DEC 31224554 DIMETAPP DEC 31226055 DIMETAPP DEC 31226055 DIMETAPP DEC 31226055 DIMETAPP DEC 312860327 ROBITUSSIN 31860152 DIMETAPP DEC 31860152 DIMETAPP DEC 31260152 PEDIACARE 4501705 ROBITUSSIN 3186024 ROBITUSSIN 3186025 THERALU MAX 4501720 THEROL COLD 4501720 THEROL COLD 45029024 THEROL COLD 45029024 THEROL COLD 45039110 SINE-AID 45039110 SINE-AID 45039110 SINE-AID 45039110 THEROL 45039110 THEROL 45039110 THEROL 45039110 THEROL 45039110 THEROL 45039110 THEROL 45039110 THEROL 45039110 THEROL 45030110 THEROL 4503010 THEROL 4503010	100 COLD MOUSE 101 COLD MOTRIN IS 102 MOTRIN IS 103 MOTRIN IS 104 MOTRIN IS 105 MOTRIN IS 105 MOTRIN IS 106 MOTRIN IS 106 MOTRIN IS 107 MACOL 107	877194201 SINUS 8692291610 CCUD MEDICIN 8692291610 CCUD MEDICIN 89373801 MOTRIN IB 89373802 MOTRIN IB 89373802 MOTRIN IB 89373802 MOTRIN IB 89373802 MOTRIN IB 89373804 MOTRIN IB 8937380 METAPP PED 8980338 MINETAPP PED 8980338 MOBITUSSIN 9188032 MOBITUSSIN 9188032 MOBITUSSIN 9188032 MOBITUSSIN 9188032 MOBITUSSIN 91880324 MOBITUSSIN 9188032

G/5	<u> </u>	, w w w w w w w w	រ <i>ធា សា /i>	
dep. (1998) 7. PSE	7 PS 6 7 7 PS	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 PSE 7 PSE	7 PSE 7 PSE 7 PSE 7 PSE 7 PSE 7 PSE 7 PSE
114566 SINE AID MS TAB 508 473-50 1830405 TYLENOL COLD PACKET 68 47606 1830405 TYLENOL SINUS GELCAP 245 MS 48020 1830353 TYLENOL SINUS GELCAP 245 MS 48040 1820334 TYLENOL COLD GELCAP 245 NIOROW 1672332 TYLENOL COLD GELCAP 405 NIOROW 1021310 TYLENOL FLU GELCAP 105 1286401 PSFILIOPEPHEN HCT 125 AND DOX	168072 PSEUDOEPHED HCL TB 30MG 100 ROX 1168722 PSEUDOEPHED HCL TB 30MG 100 LD 116804 ACTIFED TAB 245 21055 168020 ACTIFED TAB 245 21055 146020 ACTIFED TAB 245 21055 146020 ACTIFED TAB 245 21055 146045 ACTIFED TAB 300 21018 1700152 ACTIFED TAB 300 21018 1700152 ACTIFED PLUS TAB 300 21018 1700150 ACTIFED PLUS CAPL 405 21031 162253 ACTIFED DISTRIBUTION PACK 18PC DL 1710573 SIDARED DISTRIBUTION PACK 18PC DL 1710573 SIDARED CI DICCALI OPEN 245 21031	17.10880 SUDAFED CLD/CGH LQCP 20 22678 1503150 SUDAFED SINUS TAB 245 22768 1503150 SUDAFED SINUS CL 24 22768 1130924 SUDAFED SINUS CL 24 22778 1131960 SUDAFED SEVERE COLD TAB 105 22773 1131962 SUDAFED SEVERE COLD (SEE 2394659) 2354983 SUDAFED SECONG SR 402 KID 22883 1127059 SUDAFED TB 30MG 24 22853	1351402 SUDÁFED TAB 30MG 48S 22854 1026657 SUDÁFED TB 30MG 100 22866 1026657 SUDÁFED TB 50MG 100 13160996 SUDÁFED TB 60MG 100 13160996 SUDÁFED FOLOS TAB 48S 87048 2354975 SUDÁFED SR 402 CHILD COUCHÉCOLD 236907 SUDÁFED SR VERE COLD TAB 12S 22780 239602 SUDÁFED SEVERE COLD CAP 12S 22780 239603 SUDÁFED SEVERE COLD CAP 12S 22780 239603 SUDÁFED SEVERE COLD CAP 12S 22780 1390975 FFIDÁC-24 TB 6 1112416 DRIXORAL 18 COLDÉALIERGY 10 1950977 DRIXORAL 18 COLDÉALIERGY 20 2562999 DRIXORAL 18 COLDÉALIERGY 20 2562999 DRIXORAL SA 74B 100S 147-02 1112531 DRIXORAL 18 COLDÉALIERGY 20 2562999 DRIXORAL SA 74B 40S 147-02 1392851 DRIXORAL SA 74B 40S 147-09	1462837 DRIXORAL CLD&ALLRGY DISPENS 18X25 1461246 CHLOR TRIM TB 10 DECON 12HR 1432103 DRIXORAL TB COLD&FLU 12 1432111 DRIXORAL TB COLD&FLU 12 1432111 DRIXORAL PL COLD&FLU 24 1500131 DRIXORAL PLUS TB 485 281-07 1465368 DRIXORAL PLUS TB 485 281-07 1465368 DRIXORAL PLUS TR 18Z2 DL26109 1717453 DRIXORAL TAB 10S NO DROW 508-01
651125 694347 694363 694363 694363 786900 786918 885285 858285 858285 858285	<u>a</u>	864013 154865 154865 15489 1739227 1739235 1739200 1739200 1739200 1739200 1739200 1739200 1739200 1739200 1739200 1739200	19038 19046 19062 19003 120502 101125 102741 107741 107958 850373 850373 850365 77507 77507 77503 143650 608855	939488 831794 533645 539544 (36760 631728 939986 9872 651150
MAX STR. MCNEIL CONSUMER AAX-STR. MCNEIL CONSUMER MAX-STR. MCNEIL CONSUMER MAX-STR. MCNEIL CONSUMER NO- MCNEIL CONSUMER SOMG	30MG ROXANE SKB CONSIMER HEALTHCARE L. 2.5-60MG WARNER WELLCOME 2.5-60MG WARNER WELLCOME 2.5-60MG WARNER WELLCOME SINUS WARNER WELLCOME SINUS WARNER WELLCOME DAYMITE WARNER WELLCOME COUGH WARNER WELLCOME	WARNER WELLCOME	WARNER WELLCOME CIGA SELF MEDICATION SCHERING-PLOUGH	SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH SCHERING-PLOUGH
misc1	2.5-60MG 2.5-60MG 2.5-60MG 2.5-60MG 2.5-60MG SINUS SINUS SINUS SINUS COUGH	XS SINUS SEVERE SEVERE SEVERE SEVERE SEVERE 30MG		//ALLERG S //ALLERG S
T A S S A A A A A A A A A A A A A A A A	c			7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
SINE-AID SINE-AID TYLENOL COLD TYLENOL SIN TYLENOL COLD TYLENOL COLD TYLENOL COLD TYLENOL CLD TYLENOL CLD TYLENOL FLU TYLENOL FLU FYSEUDOEPHEDR	PSEUDOEPHEDR SINGLET ACTIFED ACTIFED ACTIFED ACTIFED ACTIFED PLUS ACTIFED PLUS ACTIFED PLUS ACTIFED PLUS ACTIFED PLUS ACTIFED PLUS ACTIFED ACTIFED ACT	SUDAFED COLD SUDAFED SIN SUDAFED COLD	SUDAFED SUDAFE	CHICAGAL CLU DRIXORAL DRIXORAL DRIXORAL DRIXORAL DRIXORAL DRIXORAL DRIXORAL DRIXORAL DRIXORAL
	54874325 68010281 81001812 81001824 81001855 81001852 81008220 81008240 81008240 81008324 81008324 81008324	81087720 81076824 81076824 81077313 81077320 81086282 81086524 81086524	81086555 81086555 81087024 81087024 81087024 81080001 81960002 81960003 81965003 85014703 85014703 85014704 85014705	85026103 85026103 85026103 85026104 85026106 85026106 85026109 85026109
00045-0480-00045-0480-000045-0480-4000045-0480-4000045-0616-2000045-081-1000045-081-10000045-081-10000054-4743-25	00054-8743-25 00068-0102-61 00081-0018-24 00081-0018-24 00081-0018-55 00081-0085-20 00081-0082-20 00081-0082-40 00081-0082-40 00081-0083-44 00081-0093-24	00081-0756-24 00081-0756-24 00081-0758-24 00081-0773-13 00081-0862-20 00081-0865-24 00081-0865-24		The same of the sa

dem I type	7.PSE	7 PSE	7 PSE	7.PSE	7 PSE S	7 PSE	7 PSE	7 PSE	7 PSE S	7.PSE	7.PSE S	7 PSE S	7 PSE S	7 PSE S	7 PSE	7 PSE S	7 PSE	7 PSE IS	7.PSE IS	7 PSE S	N HSH	7 PSE S	7 PSE	7.PSE	71PSE S	7 PSE S	7 PSE S	7 PSE S	7 PSE S		7.PSE S			7 PSE	• • • • • • • • • • • • • • • • • • • •		7 PSE IS	7 PSE	7 PSE S	7 PSE S	7 PSE S	7 PSE 'S	7 PSE S
1717446 DRIXORAL TAB 20S NO DROW 508-02	1204775 DISOPHROL CHRONOTB 100 55502 183023 DRIXORALTR ALLERGY SIMILS 42	1830231 DRIXORAL TB ALLERGY SINUS 24	2563005 DRIXORAL ALLRGY/SIN TB 72/2 TRLSZ	1272558 CHLOR-TRIM DECON TB 24S 901-03	1830256 AFRIN TAB 12S 931-01	1831247 AFRIN TAB 24S 931-02	2132090 DRIXORAL CGHRCONG CAPS 108	1397264 FEDAHIST TB 100 CNP	2159457 NASAL DECONGESTNT ANTIHIST TAB24S	Ï.	2158962 SINUS RELIEF PLUS TB 24 RXC	184414 TRIPROLID/PSEUDO TAB 2.5ML/60MWW	1038876 GOLDLINE 12HR ANTIHIST TB 20 GLD	1038926 GOLDLINE 12HK ANTHIST TB 10 GLD	1758077 GENAPHED TB 30MG 100 GLD		1830793 GENAPHED TB 30MG 48 GLD	ĠĹĎ	-	17200001 TB 24 GLD TE 27200001 TB 24 GLD	1738681 TRIPROLIDINE/P-EPHED 18 1000 GLD	1137603 GENAPAP SINUS CL 24 XS GLD	1765924 GENAPAP-C TB 24 GLD	1045665 ALLEREST TB 24 B1G1F SEE1212836	1212836 ALLEREST TB 24 MAX-STRN	1272644 ALLERESI 18 48 MAX-SIRN	1157940 ALLEREST SPF TB 20 059202	1045673 ALLEREST TB 20 ND SEE148432	1097039 ALLEREST H/A STR TB 24 062401	1262260 SINAREST TAB NO DROWSY 20S 063056	1146646 SINAREST TAB 40S 117902	S	2450237, ALLERFRIM SR 120ML INST RUG	1173426 ALLERFRIM TR 100 RIG	2173482 ALLERFRIM TB 1000 RUG	OTCBLS	1241918 CO-APAP TAB 50S RG	.ex	B 100	1481539 PHENAPAP 18 1000 RUG 1243542 PSETIDDEPHED HCT T8 30MG 100 DELG	1267194 PSEUDOEPHED HCL TB 30MG 1000 RUG		1170430 NASAL DECON ADT TB 100 RUG
651168	.77577 .687413	687421	256300	77186	687375	687383	532410	438251	655740	655651	768685	634514	694843	886548	128562	128554	669415	348570	128376	584766	398705	801631	914509	741698	140643	679470	281840	3579	140635	478822	140929	444375	681350	376000	679194	006689	708267	708259	415642	609870	683302	683299	109807
SCHERING-PLOUGH	SCHERING-PLOUGH SCHERING-PLOUGH	SCHERING-PLOUGH	SCHERING-PLOUGH	SCHERING-PLOUGH	SCHERING-PLOUGH	SCHERING-PLOUGH	SCHERING-PLOUGH	SCHWARZ PHARMA				VARD	W W	<u> </u>	Y	띨!		! !!	₩!	¥	: :	y !	y y	CIBA SELF MEDICATION	CIBA SELF MEDICATION	CIBA SELF MEDICATION	CIBA SELF MEDICATION	CIBA SELF MEDICATION	CIBA SELF MEDICATION	CIBA SELF MEDICATION	LF MEDICATION		,						٠				
120MG SCHER	6-120 CR SCHER 6-120 CR SCHER		6-120 CR SCHER			120MG SCHER	Ž			6-120 CR REXALL	PLUS REXALI		6-120 CR GOLDLINE		-		PI IS GOLDLINE	Š	2.5-60MG GOLDLINE	SOLDLINE		(-STR	NO GOLDLINE			MAX-ST CIBA SE		NO CIBA SE	DAC	CIBA SELF			1.25-30 RUGBY	2.5-60MG RUGBY	5-60MG	2.5-60MG RUGBY	RUGBY	RUGBY		30MG RUGBY	: '	30MG RUGBY	60MG RUGBY
TAB	TAB TAB	TAB	TAB	TAB	1AB	TAB	e e	TAB	TAB	TAB	TAB	TAB	TAB	178	TAB	TAB	TAB	TAB	TAB	TAB	TAB	TAB	TAB POW	TAB	TAB	:	:	TAB TAB	TAB	TAB	1 8	TAB	SYP	TAB	TAB	1 A B	TAB	TAB	TAB	148 148	TAB	748	TAB
DRIXORAL ND	DISOPHROL DRIXORAL SIN	DRIXORAL SIN	CHI OR-TRIMET	CHLOR-TRIMET	AFRIN	AFKIN	DRIXORAL	FEDAHIST	NASAL DEC/AN	ANTIHIST 12H	SINUS RELIEF	TRIPROL/PSE	12 HR COLD	PSEUDOEPHEDR	GENAPHED	GENAPHED	GENAPHED	GENAC	GENAC	TRIPROLIPSE	TRIPROL/PSE	GENAPAP SINU	GENAPAP COLD	ALLEREST	ALLEREST	ALLEREST	ALLEREST	ALLEREST	ALLEREST	SINAREST	SINAREST	CONGEST RELI	ALLERFRIN ALLER-CHLOR	ALLERFRIM	ALLERFRIM	ALLERFRIM	CO-APAP	CO-APAP	PHENAPAP SIN	PSEUDOEPHEDR		<u>بر</u>	NASAL DECON
DRIXO			4	83	5	205	2005	91005001	122080466	122081366	122087566	143190010	182103115	182137489	182145901	182145916	182147116	182160501	182160516	182171916	182175110	182214516	182216016	235058501	235058501	235058504	235059202	235060556 235060556	235062401	235063056	235117902	364022501	536301047 536301501	536302101	536302110	535302135	536351310	536351335	536415401	536439101	536439110	536439135	536439601
- -	:85055502 :85078901	85078902	85078904	85090103	85093101	85093102	85190002	9100	2 5	122	2 2	143	182	<u> </u>	18	₩.	==	_				_										w.	0 "	100	100	7 .	3 12	ω.	22.5	3.52	52	12	52

	type code	o o	o v		Ø	ø	Ø	Ś	S	<u>o</u>	s,	တ	<u>က</u>	<u>so</u>	o .	so.	တ	S	S	Ø	Ø	S	တ	S	S	S	Ø	တ	S	S	80	<u>σ</u>	s (n c	0 0	o u	ט נ	o <u>c</u>	y.	ď	i io	Ś	Ś	S	ώ	ΐ	s	S	တ	so.	S	တ	တ	ໜູ່ ເ	n v	ာ ဟ	
•	dep - dep	7:PSE	7.07.7	7 PSE	7.PSE	7.PSE	7.PSE	7 PSE	7.PSE	7 PSE	7.PSE	7 PSE	7 PSE	7.PSE	7 PSE	7.PSE	7 PSE	7.PSE	7 PSE	7.PSE	7 PSE	7.PSE	7 PSE	7 PSE	7 PSE	7.PSE	7 PSE	7 PSE	7 PSE	7.PSE	7 PSE	7 PSE	7.PSE	ביי היי	ביים היים היים	TOOL	100	7 9 2	7 PSF	7.PSE	7 PSE	7 PSE	7.PSE	7.PSE	7 PSE	7. PSE	7 PSE	7 PSE	7 PSE	7 PSE	7 PSE	7 PSE	7.PSE	7 PSE	7 PSF	7 PSE	
	1	1324862 NASAL DECON PL. IAB BOX 24S RG	1590298 ADVIL COLD & SINIJS CPLT 20S 18010	1944610 ADVIL COLD & SINUS TAB 20S 18510	1944628 ADVIL COLD&SINUS TB 40	1404854 DRISTAN COLD CAP 20S N/DROW112021	1404847 DRISTAN COLD CP 40 N/D	1661990 DRISTAN JUICE MIX-IN 5S 123020	1661982 DRISTAN JUICE MIX-IN 10S 1230-30	2428266 DRISTAN COLD&COUGH CP 20 LIQUIGEL	1066711 DRISTAN SINUS TB 20 1265-10	1845585 DRISTAN SINUS TB 40	1662022 DRISTAN COLD GELCAP 16S M/S	1662014 DRISTAN COLD GELCAP 36S M/S	1884055 DRISTAN COLD ND GELCAPLT 16S M/S	DRISTAN COLD ND GELCAPLT 36:	eMG.				1311158 PSEUDOEPHED HCL TB 30MG 1000 URL	ਤੋਂ: '		1493857 UNI-SED TAB 30MG 24S URL	1493840 UNI-SED SR 40Z URL	1493683: UNI-FED TAB 100S URL	1449008 UNI-FED TAB 1M URL	ቜ	Ś	ዷ	1485464 NASAL DECONGEST TAB 10S URL	2282218 SINUS NON-DROWSY TB 100 URL	1330554 CO-PYRONIL 2 PULV 100 3123 LIL	4323660 BORITOGENED HOLITE SOME 100	122425 FOLDOCHIED FICE ID SOME 1000	1002856 PSFILIOFPHED HCI TB 60MG 1000	1088558 ALLERGY COLD TARS 100S CGP	Õ	6	}	1204841:NASAL DECONVANTIHIST 24S	2297083 PSEUDOEPHED HCL SR 240ML	2297091 PSEUDOEPHED HCL SR 480ML	2297109 PSEUDOEPHED HCL SR 3840ML	2297125 TRIPOSED SR 240ML HLS	ہِ		2306678 SINUS TB 1000 MJR	2305779DEXAPHEN LA TB 40 BOXED MJR	60-4MC	2305548 BANOPHEN PLUS CP 24 MJR	ABS	PSEUDOGEST TB 30MG 100	Ğ 24	2305357 ALL NITE LIQUID CP 12 MJR	MAPAP COLD FORM TB 24 B	
	107406	1310042			886726	· -	=				1	:		:		1	930377	874377	550175	551414	551422	590495	428132	551406	552666	427691	552631	552623	590533	293060	593117	951498	23531	462623	23028	33936	290211	201529	201553	10107	9910	958301	958310	958328	958352	958360	371939	707732	698717	707554	698547	749249	556602	453102	869074	707988	
No		RUGBY	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE		WHITEHALL ROBINS HEALTHCARE	WHILEHALL ROBINS HEAL HOARE	MAX-SIK WHILEHALL KOBINS HEALINCAKE	WHILEHALL ROBINS HEALTHCARE	MAX-SIR WHILEHALL ROBINS HEALTHCARE	OUALIESI	QUALITEST	URL	URL	בי		185 T	URL	URL	URL	URL	URL	URL	URL	URI	UKL	DISTA	GENEVA	CENEVA	GENEVA	GENEVA	H L MOORE	H L MOORE	CUMBERLAND-SWAN, INC	CUMBERLAND-SWAN, INC.	HALSEY DRUG	IOMG/5M !HALSEY DRUG	IOMG/5M HALSEY DRUG	HALSEY DRUG	HALSEY DRUG	0-325MG MAJOR PHARMACEUTICALS	30-325MG MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHAKMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	Q 65 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7
ŀ			SINIS	SINUS	SINUS	á	ģ	NIXIW	NIXIM	Honor	SOUN	SINUS	MAX-SIR	MAX-SIR	MAX-SIR	MAX-SIR	6-120 CK		. 60MG	30MG	30MG	1.25-30	30MG	30MG	30MG/5M	2.5-60MG UR	2.5-60MG URL	3.5-60MG	500MG	Apr-60	6-120 CR		0,00	2000	60MG	90MG	ğ		:		2.5-60MG	30MG/5M	30MG/5M	30MG/5M		1.25-30	30-325MG	30-325MG	6-120	:			OMG	SOL	- :	FORMUL	
j.	TAR	TAB	TAB	TAB	TAB	TAB	TAB	PO	Pow	\$ 5	¥ :	¥ .	֓֞֝֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓	֭֡֝֟֝֓֓֟֓֓֓֟֓֓֓֓֓֓֓֟֟֓֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓	\$ 6	֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Y :					SYD	YB.	TAB	SYP	TAB	TAB	TAB	TAB	TAB	1¥8	9 ! 2 !	֝֞֞֞֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֞֟	<u>-</u>			TAB				TAB				SYP	SYP	TAB	¥	TAB	TAB	S I	TAB	¥ .	9 0	8 8	TAB	
The state of the s	NASAI DECON	COLD RELIEF	ADVIL COLD/	ADVIL COLD/	ADVIL COLD/	DRISTAN COLD	DRISTAN COLD	DRISTAN JUIC	DRISTAN JUIC	DRISTANCOLD	URISTAN	DRISTAN	DRISTANCOLD	DRISTANCOLD	DRISTANCOLD	DRISTANCOLD	DREXOPHED	SINUS	PSEUDOEPHEDR	PSEUDOEPHEDR	PSEUDOEPHEDR	CN-FED	CNI-SED	UNI-SED	UNI-SED	UNI-FED	UNI-FED	UNI-FED	UNI-SINE	UNI-SED PLUS	12 HOUR ANTI	SINUS	CO-PTRONIL 2	POELIDOEPHEDE	PSELINOEPHENR	PSEUDOEPHEDR	ALLERGY/COLD	PSEUDOEPHEDR	PSEUDOEPHEDR	COLD MEDICIN	NASAL D/A	PSEUDOEPHEDR	PSEUDOEPHEDR	PSEUDOEPHEDR	TRIPOSED	TRIPOSED	SINUS RELIEF	SINUS RELIEF	DEXAPHEN SA	PSEUDOGEST	BENAPHEN	SYMPTOMATIC	SUDOGESI	SUDOGESI	ALL-NITE	MAPAP COLD	
	536430835	536567706	573018010	573018510	573018520	573112021	:573112031	:573123020	1573123030	5/3124420	016021676	5/3126520	5/312/020	05/312/030	0208020	5/3128030	L18610504	603029118	0//035801	1677079101	01/6/0//9	677083441	677086301	677086356	677088641	677097701	677097710	677097756	677106156	677123056	677123399	0//134201	70115302	781153310	781153501	781153510	781187001	839154306	839658406	869291210	869293010	879045008	879045016	879045028	879049908	879049928	904032124	904032180	904066839	904100924	904203624	1904365080	904505359	904505424	904763312	904765524	
	00536-4398-35	00536-5677-06	00573-0180-10	00573-0185-10	00573-0185-20	00573-1120-21	00573-1120-31	00573-1230-20	00573-1230-30	005/3-1244-20	01-6971-5/600	005/3-1265-20	005/3-12/0-20	00-0721-57500	003/3-1280-20	005/3-1280-30	00603-0158-11	00603-0291-18	10-8650-77900	00677-0797-01	0L-/8/0-//900	006/7-0834-41	00677-0863-01	00677-0863-56	00677-0886-41	100677-0977-01	00677-0977-10	95-7760-77900	00677-1061-56	00677-1230-56	00677-1233-99	10-245-1/900	00///-3123-02	00781-153-10	00781-1535-01	00781-1535-10	100781-1870-01	00839-1543-06	00839-6584-06	00869-2912-10	00869-2930-10	00879-0450-08	00879-0450-16	00879-0450-28	00879-0499-08	00879-0499-28	00904-0321-24	00904-0321-80	00904-0668-39	00904-1009-24	00904-2036-24	00904-3550-80	00904-5053-59	00904-5054-24			

CAH SWE 019317

CAH_MDL_PRIORPROD_DEA07_01384180 P-14290 _ 00286

7PSE	7 PSE	7 PSE	7 PSE	7 250	7 PSE	7 PSE	7.PSE	7 PSE	7 PSE	7 POE	7 986	7 PSE	7 PSE	7 PSE	7 PSE	7 PSE	7,PSE	7 PSE	TPSET	7 PSE	7 PSE	7.PSE	7,PSE	7.PSE	7 PSE	7 PSE	7 PSE		7.PSE S			8 PSE		PSE		8 PSE		8 PSE S		8 PSE S	8 PSE S	8 PSE .S	S PSE S	S PSE
<u>.</u> !;		i			:			1	!			:			,										:		1			:			;						-		_		_	
7	2326676 ROBAFEN COUGH/CLD CP 12. MJR 2367589 PSEUDOEPHED HCL/GUA/PSI 600MG 250	1788306 SINUTAB II CAP M/S N/D 32S BON	2109502 ALKA-SELTZER PLUS GC 12 NIGHTTIME	2109486 ALKA-SELTZER PLUS GC 12 COUGH/CLD	2109478 ALKA SELTZER PL LIGEL CC 20S 5402	2109528 ALKA-SELTZER PLUS GC 12 ORIG	2109510 ALKA SELTZER PL L/GEL 20S 5502	2318749 ALKA-SELTZER PLUS GC 12 COLD/FLU	4462202 EVCENDINGING CARLETS FOR 312	1432302 EACEDRIN SINUS CAPLE 13 503 172	2576247 PSELIDOEPHED HCL TB 30MG 100	2576254 PSEUDOEPHED HCL TB 30MG 1000	1676543 BAYER SELECT SINUS 24S	1676535 BAYER SELECT SINUS 50S	1028885 BAYER SELECT CAPLY 16S NITE COLD	1028950 BAYER SELECT CAPLT 16S FLU RELIEF	2276111 TRI-SUDO TB 100 DXS	2224236 TRI-SUDO TB 1000 DXS	1727890 CONTAC SCF CL 16 N/D 23816	1727148 CONTAC SCF CAPLET 30S N/D 23830	2583805 CONTAC SINUS CAPLET 24S 23924	1119213 PSEUDOEPHED HCL TB 30MG 100UD UDL	1289305 PSEUDOEPHED HCL TB 60MG 100UD UDL	1565266 DECONSAL LA TB 100 MPI 1205434 CHERACOL SINUS TAB 10S RRT		2214732 NITE-TIME LIQUICAP 12S 2213130 NON ASPIRIN COLD CAP 24S	2214062 PSEUDOTABS TB 30MG 100 RXM	2214054 PSEUDOTABS TB 30MG 1000 RXM	2214088 PSEUDOTABS TB 30MG 24 RXM	2214021 SINUS TAB 24S	2214013 SINUS TB 30 RXM	2380715 DIMETAPP CLO&FEV SUSP 40Z 228112	1397397 ROBITUSSIN PED SR 402 CGH & COLD	1397389 ROBITUSSIN PED SR 80Z CGH & COLD	1622729 ROBITUSSIN SR 40Z MAXSTRN	1822/11 ROBI 105SIN SR 802 MAXSRTN 2380731 ROBITUSSIN PED DROPS 107 867901	1096379 ROBITUSSIN PE SR 40Z	1146885 ROBITUSSIN PE SR 80Z	1322833 ROBITUSSIN PE EX 160Z	1217108 KTNA LQ 4 OZ WAL	1372127 DORCOL CHILD COUGH SYR 40Z 537-14	1282722 DORCOL CHILD COUGH SYR 80Z 537-18	2435824 I KIAMINIC NIGHT 502 BONUS	1242526 INTAMINIC SORE THROAT LIQ 402
963747	775720	41662	940879	940895	940909	942251	940860	151530	050161	133540	257624	257625	794236	794287	851892	851884	948128	948152			624616		184802	859141	272743	895709	896080	896098	896063	896101	896110	938530	750093	750107	781819	938092	72273	72281	142425	243221	202681		274976	855448
		٠,						:	•							:		0	نه نـ نـ	ن د	ه نه -	; i						!			į	¥.й	! !	2	W 1	r N	Ä	Ä,	R. H					
		WARNER WELLCOME	N-1 COLD BAYER CONSUMER N-1 COLD BAYER CONSUMER	CLD&CO BAYER CONSUMER		BAYER CONSUMER	BAYER CONSUMER	FLUCTOR BAYER CONSUMER	BATER CONSUMER	MAX STR MENIFY & JAMES	MARLEX PHARMECEUTICALS	MARLEX PHARMECEUTICALS	BAYER CONSUMER	BAYER CONSUMER BAYER CONSUMED		BAYER CONSUMER	2.5-60MG DIXON-SHANE	2.5-60MG DIXON-SHANE	SKB CONSUMER HEALTHCAR	SKB CONSUMER HEALTHCARE L.P.	SKB CONSUMER HEALTHCAR	UDL	UDI	ROBERTS PHARMACEUTICAL	PERRIGO-GOOD SENSE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	WHITEHALL ROBINS HEALTHCARE WHITEHALL ROBINS HEALTHCARE	CGH/COL WHITEHALL ROBINS HEALTHCARE	CGH/COL WHITEHALL ROBINS HEALTHCARE	MAX/GGH WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE		WHITEHALL ROBINS HEALTHCARE	WHITEHALL ROBINS HEALTHCARE	WALLACE	NOVARTIS CONS	NOVARTIS CONS	NOVARTIS CONS	NOVARTIS CONS
SEVERE	120-690	NON	200	CLD&CO	CLD&CO	Solo	Solo	LUSBO	PLUGBOD SINI IS	MAX STR	30MG	30MG	SINC	SINUS	NITECLD	FLU REL	2.5-60MG	S POUME			NOKWOL MS/ND		60MG	SINUS	6-120 CR	rianio	30MG	30MG	30MG	;		ה היים היים היים היים היים היים היים היי	CGH/COL	CGH/COL	MAXICGH	PEDIATR	<u>H</u>	Щ. Ц.	ī.		CHILDRE	CHILDRE	SORE	SORT TREE
g S	TAB	TAB	3 3	S S	CAP	CAP	A C	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y Y	2 2	TAB	¥	4 A	<u>¥</u>	TAB	TAB	<u> </u>	TAB	TAB	TAB	TAB	TAB	<u>1</u> 48	TAB	TAB TAB	TAB	TAB	TAB	TAB	TAB	S C	2	9	SYP	DRO	SYP	SYP	SYP.	20.5	SYP	SYP	3:5	3 9
ROBAFEN	PSEUDO-G/PSI	SINUTAB M/S	ALKA-SELI +	ALKA-SELT +	ALKA-SELT +	ALKA-SELT +	ALKA-SELT +	ALKA-SELIZER	ALKA-SELIZEK	ORNEX	PSEUDOEPHEDR	PSEUDOEPHEDR	BAYER SELECT	BAYER SELECT	BAYER SELECT	BAYER SELECT	TRI-SUDO:	CONTAC DAY &	CONTAC SEVER	CONTAC SEVER	CONTAC SING	PSEUDOEPHEDR	PSEUDOEPHEDR	CHERACOL	DIXAPHEDRINE	NITETIME NON-ASA COLD	PSEUDOEPHEDR	PSEUDOEPHEDR	PSEUDOEPHEDR	SINUS	SINUS	DIMETAPP	ROBITUSS PED	ROBITUSS PED	ROBITUSSIN	ROBITUSSIN	ROBITUSSIN	ROBITUSSIN	KOBI I USSIN	RYNA	DORCOL CG	DORCOL CG	TRIAMINIC	TRIAMINIC
7812	904786170	1254736425	1650005301	1650005401	1650005402	1650005501	1650005502	16500061105	1650000110	8790092948	10135015501	10135015510	12843012813	12843012814	12843021842	12843022839	17236029901	4580003850	45800023816	45800023830	45800023924	51079001120	51079001220	54092004510	58948096552	60814014112 60814014624	60814015501	60814015510	60814015524		60814015630	31228112	31860912	31860918	3186/112	31867901	31869512	31869518	37063025			43053718		
904777812						~								12843-0128-14		_		45800-0235-20			45800-0239-24 14		51079-0012-20	,		60814-0141-12 6	÷		60814-0155-30 E			00031-8608-12	·		00031-66/1-12 3		00031-8695-12		00031-8885-25 13			00043-0537-18 4		

	epoo :]	· c	. <u>u</u>	2 (ņ (ō (ŭ	S)	οũ	ά	တ္	v.	· ·	j g	9 9	2 (2 0	2 9	2 4	0 0	0 (20 (o c	0	so :	, co	<u>ග</u>	so.	တ	တ	so.	ß	S.	Ø	s)	S)	vo e	<u>n u</u>	0 0	ກຸຍ	0 0	0.0	2.0	ງຸມ	ຸ້	ຼິດ	ñ	က်	S	s,	တ	ທິເ	o u	o of) (J)	တ	s,	ဟ	
	₩DØ	8 PSF	8 PSF	a Document	֓֝֝֝֝֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֡֓֓֓֓֓֡֓֡֓֡֓֡֓֡֓	ט ט ט ט ט נ	100	100	B PSE	8 PSE	8 PSE	8 PSE	8 PSE	P POR	1 W	1 U)) () () ()		֓֞֞֜֝֞֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֜֓֓֓֓֡֓֜֝֓֡֓֡֓֡֓֡	בי ה ה ה ה	0 0	100	E C	7	PSE	PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	BIPSE	8 PSE	B PSE	B PSE	S PSE	II U		בונים בונים בונים			100	L L	B PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	25 C	P.S.	P.S.	PSE	PSE	PSE	PSE	
	8				:	:			_:					: ! :				-	:				:			:				: :	-	_			<u> </u>			· · · · · · · · · · · · · · · · · · ·	•					<i>.</i> .				-		•	•	6 0 (20 0	O 00	· «	- α	ω	80 (80	
	į.	2116952 TRIAMINIC AM DECONCGH 80Z	2116978 TRIAMINIC AM DECON BOZ	1160472 RU-TUSS EX 480ML KNI	1612272 TVI ENOI CUI D COUCI D CO 107	1370313 TYLENOL CHED COLUCE ON #02	2366600 DEDIACABE DO DECONO CONTROL SOCIO	SOCIED THE DISCONDING OF STREET OF STREET	2303391 11 LENOL CHLD CLD DEONG& FEV	1286657 PSEUDOEPHED HCL TB 60MG 100 ROX	1286764 PSEUDOEPHED HCL TB 60MG 100UD	1142199 NOVAHISTINE DMX 4OZ DOW 101504	1091107 BENYLIN DECON CF 40Z 30415	1103837 BENADRYL DECON FLX 407 17011	1010404 ACTIFED SYR 402 1982	1130947 SLIDAFED SEVERE COLD CAR 408 22778	131810A CHINACEN DITTO 110 AD2 AD8CE	1040and DDIVODAL BVD 407 757 04	1003920 NIGHT TIME COLD MED ACT		į	1954747 COUNTY TO 94		CODIMAL IB 100		1903 LO CODIMAL OF 24	TO THE CALL OF THE	Ō.		į	000	2066926 GUIATUSS CP 12 GEL GLD	1920768 PSEUDOEPHED HCL TB 60MG 1000 GLD	1051473 GENITE LIQ 60Z 1608-38 GL	13849 / I KIPKOLIDINE/P-EPHED SK 120ML GLD	1439413 COLD FORM-M MULI/SYM EL 40Z GLD	440843 DECONGEST COLD FURM-D SL 402 GLD	44 4630 DECONGES IAN I COLD FORM-D SK 802	2243566 NIGHTIME COID MIXTINE SP 607 GID	2307448 NIGHTIME COLO MED SI SERVI	154 1950 DIHISTINE DAY SR 120MI	2155604 PEDIATRIC COLIGH/COLD I O 407 GLD	2310803 MIII TI,SVAND CCH SD NE 120Aii Ci D	~	2202661 TRIPROLIDINE/P-FPHFD TR 10011D GLD	1661511 ANATUSS DM TB 100 MAY	2204493 ANATUSS DM TB 20 MAY	22949B1!ANATUSS DM SR 100/10 118ML MAY	1661503 ANATUSS DM SR 473ML MAY	1652411 GUIACOUGH PE SR 40Z SHN	1728997 HAYFEBROL SF 40Z 0038-04	2465987 MYFEDRINE SR 30MG5ML120ML PED	2627659 GLAIEED OF 149MI OFF 4604404				BROWFED SR 480ML	.	135/17/ GUIATUSS PE SK 120ML NAT	
	OP numbe	940291	940275	327425	786950	738522	27770	27740	27.70	308110	141321	61565	296868	304425	17922	739197	1001	185728	655767	655732	75001B	106103	100100	171238	100200	100000	130201	02/441	025408	40000	403695	8811481	321400	128836	120434	000500	913000	82644B	933023	P60373	829854	889482	SHORRA	886602	886610	785474	883786	883794	785482	770590	830615	351857	745952	985422	745960	553859	464260	491993	4/8/05	
0	34.548.25 ·								:										,			;		_,_								~3	2,3			9,0		1	:	<u>. u</u>								ωō	7.	<u> </u>	- ` -			· 65	, r	ις.	,	4.5	5	15
No	vendor.	CGH/DEC NOVARTIS CONS	15MG/5M NOVARTIS CONS	KNOLL LABORATORIES	COLD/CF MCNE!! CONSLIMER	/DECONG MONEIL CONSUMER	DOON/OR MONEIL CONSTINER	DODNIEW MONEY CONSTINED	BOXANE BOXANE	ELANCE FIRE CONTRACTOR	RUXANE OUR COMPUTER TO THE	SKB CONSUMER HEALTHCARE L.P	WARNER WELLCOME	WARNER WELLCOME	WARNER WELLCOME	WARNER WELLCOME	WARNER WELLCOME	SCHEBING-PLOUGH	REXALL	REXALL	REXALL	SCHWARZ PHARMA	SCHWARZ PHARMA	SCHWARZ PHARMA	SCHWAD7 BUADAM	SCHWAD7 PHABAIA	WESTWAD	SOME WEST-WAND	S-COMO WEST WAS	A COMO WEST WARD	WEST-WARD	GOLDLINE		COLDLINE	GOLDLINE		SOLD LINE	GOLDLINE	GOLDLINE	GOLDLINE	GOLDLINE	GOLDLINE	GOLDLINE	GOLDLINE	GOLDLINE	MERZ PHARMACEUTICAL	MERZ PHARMACEUTICAL	MERZ PHARMACEUTICAL	MERZ PHARMACEUTICAL	SCHEIN	SCOT-TUSSIN	MORION GROVE PHARMACEUTICALS MORTON GROVE BHARMACEUTICALS	MURO	MURO	MURO	MURO	MURO	FOREST	ALL DANIES	Page 15
	↽	CGH/DEC	15MG/5M	EXPECT	COLDICE	/DECONG	SONOO!	NAME OF THE PERSON OF THE PERS		OMO	O DWICE	~	12.5-30	DECONG	1.25-30	SEVERE		2-30/5	COLD/FL	PE	COLD	 				•	SOME	2 5 5 5 5 5 5	2.5-60IMG	2.3-50mG	Z.S-GOIMG	CMOS		1 26 20	:3	~					-	CGH/COL	• ••	30MG	ğ		=	=	:	100/5	15 C						2-30/5 IN	400/6		
	Eg	g	9	SOL	SYP	9	Č.		9 4	2 Y	9 7	SOL	ដ្ឋ	g	SYP	TAB	los	SVP	일	SYP	9	TAB	TAB	TAB	٩٥	٩٧	TAR	204	947	100	9 9	L 64	2 5	 :				;	20.			רוס	SYP				TAB	SYP	:		<u>ر</u> ج		SYP	9	9			SYP	5	
	descrip	TRIAMINIC AM	TRIAMINICAM	RU-TUSS	TYLENOL CHLD	TYLENOL COUG	PEDIACARE	INFAN TVI FN	מענו וטטנורונים		NOTIFICATION AND AND AND AND AND AND AND AND AND AN	NOVAHISTINE	BENYLIN DEC	BENADRYL ALL	ACTIFED	SUDAFED COLD	SUDAFED PLUS	DRIXORAL	NIGHT-TIME	COUGH FORM	NIGHT-TIME	CODIMAL	CODIMA	CODIMA	CODIMAI	CODIMAI	PSFINOFPHENE	Telebol Asc	Toda (Cadata)	Tolopol /oca	DE LOCATION OF	PSEI INCEPHEND	CENITE	TODOUT POSE	MINITI-SVM CD	DECONGESTOD	DECONGESTOD	NIGHTTIME	NIGHTTIME	NIGHTTIME	DIHISTINE	PEDIATRIC	COUGH FORM M	PSEUDOEPHEDR	TRIPROLIPSE	ANATUSS DM	ANATUSS DM	ANATUSS DM	ANATUSS DM	GUIACOUGH PE	MAYFEBROL	TRIPROLIPSE	GUAIFED	GUAIFED	GUAIFED	BROMFED	BROMFED	AMBENYL-D	1 200 000	
	9/0	43055808	43055908	44301016	45037204	45038404	45046515	45050315	54474425	54974425	040/4423	58101504	71200217	71255517	81001982	81080213	81087182	85075701	122080366	122083966	122086466	131200830	131200837	131200843	131411230	131411237	143148501	143100001	143100024	143100025	182103411	182137410	182160638	182160937	182603237	182603337	182603344	182606638	182606838	182606938	182612537	182615537	182616537	182845989	182875189	259038201	259038221	259038304	259038316	354248077	37.2003804	426860004	451260104	451260204	451260216	451420104	451420116	456068204		
	p spud son	00043-0558-08	00043-0559-08	00044-3010-16	00045-0372-04	00045-0384-04	00045-0465-15	00045-0503-15	00054-4744-25	00054-874-25	000004-0744-23	90-CL01-0000	00071-2002-17	.00071-2555-17	00081-0019-82	00081-0802-13	00081-0871-82	00085-0757-01	00122-0803-66	00122-0839-66	00122-0864-66	00131-2008-30	00131-2008-37	00131-2008-43		•	00143-1485-01	00143-1000-01	00143-1900-24	00143-1900-25	00143-1034-44	00182-1374-10					00182-6033-44			00182-6069-38		00182-6155-37	00182-6165-37	00182-8459-89					ω; <u>ι</u>	00354-2480-77		* . 🕶				. :		00456-0682-04		

(dem. 17 lype) 8.PSE 8.PSE	1000 1000 1000 1000	B PSE	B PSE	8 PSE	0 0 0 P 0 P 0 P 0 P	B PSE	8 PSE	8 PSE	9 8 9 9 9 9 9 9 9	B PSE	9 8 7 7 1 1 1 1 1 1	80 c	9 8 0 E	8 PSE	מינו המינו		S PSE S	;	S PSE	i		8 PSE S				8 PSE		8 PSE S			8 PSE S	8 PSE		S PSE	0 C C C C C C C C C C C C C C C C C C C	B PSE S	8 PSE S PSE S S	1000
222909 GUIATUSS PED SYRUP BOZ OTC NAT	SI NAT GUIATUSS PED C/C SYP 40Z OTC	2487510 GUIATUSS PE SR 120ML AF ALM	1357276 NITE TIME COLD FM LQ 60Z ALM	2195691 NITE TIME COLD FM LQ 100ZCHRY ALM	355312 DECOFED SR 30MG5ML 120ML ALM	STRIOFED SR 40Z 154604 NAT] E	186220 TRIOFED SR 3840ML NAT		2384469 BROMALINE PEDIATRIC DROP 15ML RG	1173418 ALLERFRIM SR 480ML RUG	1321751 ALLERFRIM SR 120ML OTC RUG	1 .	2169449 NASAL DECONGEST SYRUP 602 RG	D PSEUDOEPHED HCL SR 120ML RUG	`≃.	NYTCOLD 602 CHERRY 2515-58 RG	2169381 NYT COLD LO SFT CP 20S RG	0	2149441Q-FED TA TB 60MG 100 QLT	o CT	NITE TIME LO 60Z	2148922 NITE TIME LO 100Z OLT		2149458 Q-FED SR 4OZ	2148781 Q-TUSSIN PE SR 100/30MG5ML 40ZQLT	CL TB 6	1493964 UNI-TUSSIN PE SR 4OZ UR	495472 UNI-NITE SR 60Z CHERRY URL		2290123 ACTAMINE SYBD ABOM	2260131 ACTAMINE SYRP 3840ML		2417715 PSEUDOEPHED HCL SR 120ML MOR 1204809 NITE-TIME COLD 607 CHERRY 32330	NITE-TIME COLD 60Z REG 60930	204767 NITE COLD CHERRY 100Z	2485142 TRIPOSED SR 120ML HI S	
928860 22290 928909 2229	928917 2229			980420 21956		104116 16256		152501 11862	000	864480 71694		860174 12437	1	856517 21694 501409 1728R		800422 16611. 660865 12327	1	834920 161667		<u> </u>	872890 214870	1	873500 214892 873519 214891		872563 214945		551430 134490		<u>.</u>	14456 129467	- ^			9909 1204809	9905 1204700	9906 1204767		
•											:	٠		•					1					:			:							ပ္	ပ	ပ္ ပ)	
BARRE-NATIONAL BARRE-NATIONAL	CGH/COL BARRE-NATIONAL	30-100/5 ALPHARMA	ALPHARMA	ALPHARMA	30MG/5M ALPHARMA		BARRE-NATIONAL	BARRE-NATIONAL	RUGBY	RUGBY	RUGBY	RUGBY	**	RUGBY	RUGBY	RUGBY	RUGBY	RUGBY	RUGBY		QUALITEST	QUALITEST	QUALITEST	QUALITEST	QUALITEST	QUALITEST	ייני אל הייני האור הייני	URL	URL	JG RHODE	H L MOORE	H L MOORE	H L MOOKE	CUMBERLAND-SWAN, INC	CUMBERLAND-SWAN, INC	CUMBERLAND-SWAN, INC	HALSEY DRUG	HALSEY DRUG
	CGH/CO	30-100/5		CHERRY	30MG/5M	1.25-30	1.25-30	1.25-30	7 6/ BM	1.25-30	1.25-30	CGH 20	30MG/5M	30MG/5M	30MG/5M RUGBY	MEDICIN	MEDICIN	DROWS	60MG	GOMG	2.5-60MG D	; ;	CHERRY	CHERRY		30-100/5	ב בי	PE	CHERRY		1.25-30	1.25-30	ACIAMIN 30MG/5M	5		MULT	25-30	1.25-30
SYP	<u>a</u> .5	SYP	99	2 2	SYP	SYP	SYP	SYP	SYP	SYP.	SYP	5.0	SYP	SYP	SYP	SOL	SOL	14B	TAB TAB	TAB	₹ 9		g 9:	٥	SOL	SYP	SOL	SYP	ק'פ <u>ק</u>	2.0	SYP	SYP	2	;	9	<u>.</u> 9.9	SYP	SYP
		Z	0.0	3 8		:			BROMPHEN DX BROMALINE PD	 }		,	PSEUDOEPHEDR		CY.	 D	NYTCOLD CGH		PSEUDOEPHEDR 1		. W			NITE TIME	(0	O-TUSSIN PE			DOI VII ISC. OM		:	ACTAMINE S] 	:		NIGHT TIME	.,,	TRIPOSED S
GUIATUSS PED GUIATUSS PED	GUIATUSS PED GUIATUSS PED	GUIATUSS PE	NITE TIME CO	NITE TIME CO	DECOFED	TRIOFED	TRIOFED	TRIOFED	BROMP	ALLERFRIN	ALLERFRIN	PRIMA	PSEU	PSEU	PSE	ŽŽ	ΣΣ	Ŧ	<u>a</u> q	Ų,	<u>- 0</u>	Z Z	Z	Z C	Ö	0.0	. >	⊇:	ַבֿ בֿ	2.0	¥	Ş Y	PS	Š	Š	5 5 2 2	Ē	Ē
· ·	472007094 GUIATUSS PED 472007098 GUIATUSS PED	472042194 GUIATUSS PE 472091998 EFF STRENG	472147096 NITE TIME C		472151704 DECOFED	,	472154616 TRIOFED		536029685 BROMP 536044572 BROMAI		536051085 ALLER		536185047 PSEU		536185097 PSEL		536251558 NYT	•	536439910 P	603024821 C		603080555 N		603080663 N 603082754 O		603085654 O	i	677104641 U		:		839512370 ACT		• • • • • •		869280510 NIGH		879077316 TRIF

PSE S S			- =:	ž Š	SE S	SE IS	SE iS	š	S	ñ	ži S	ž S	ñ	ì. S	S.	S.	ii S	ii S	ži Š	ກັ ເວັ	iii S	ž i	Ήř	ň r V c	ñπ	i in	i in	S)	ш S	in ι	ט פ	I I	i m o		m. Ω	regard r	min Nie	n n				m è					S I		ינצ	י ע י	יי ע
8 PSE	B PSE	B PSE	2 C C	8 PSE	8 PSE	8.PSE	8 PSE	8 PSE	8 PSE	8 PSE	8-PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8.PSE	8 PSE	8 PSE	B PSE	8 PSE	B PSE	E C	D 0	20.0	B PSE	8 PSE	8 PSE	8 PSE	e PSE	מ ה ה	ם מ ה ה ה	8 PSE	8 PSE	8 PSE	8 PSE	S C	ם המת	200	9 8	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	8 PSE	B P SE	2 2	2 P.S.
u,	AJR.	X C				X MJR	MJR	MJR	N.S.	120ML MJR	MJR	MJR		NO	<u>8</u>	1000 MAS	1000 DXS		Σ.	NA				SMGUDJUU			G 100S	180	ML ALT			- i-	RY ALT	L ALT	ML ALT	ALT	ALI	-;-	:	FD MGP	OML MGP	OML MGP		L WGP	AL MGP		Na		EXM.		KE KXM
BOX	30MG 100	60MG 100	R 180MI MIN	COLD SR 300ML MINT	R 180ML CHF	R 300ML CHE		2	:	2	1PT		1	ZOML SF	BOML	CL TB 60MG	CL TB 30MG	_	RBM	Q 40Z	CHILD 120M	SYRP 120M	100/30 120M	TO TO THE ZELL	OMC OF COM	MTP	NE TAB 30M	CL TB 30MG	R 100/30 120		ALI ALI	ORIGER AV	SR 180ML CH	/1/5MG 120M	I/NSL SR 240				120MI	MG 120MI P	PHED SR 12	PHED SR 24	OUGH SR 40	OUGH SR PT	OUGH SR G/	P 12S	IQ 60Z REG	IQ 100Z REC	R 60Z CHRY	102 CH	2480168 NITE-TIME COLD SR 602 ASP FRE RXI
SED SR 384 FEN PE SR	DOGEST TB	DOGEST 18	TE COLOS	TE COLD SI	ITE COLD SI	ITE COLD SI	DINE SR 480	DINE SR 120	-RELIEF CVC	P COLD & C	TUSS EXPE	IME LIQUID	ME LIQUID (RESCON DM St. 120ML SF	ON DM SL 4	DOEPHED H	ООЕРНЕО Н	ST TB 1000	RINE TB 100	DYNE DMX I	CHEM SYRP	CHEM PLUS	HEM PE SK		FED TR 4000	IED TB 100	OCEPHEDRI	DOEPHED H	LUSSN PE SI	ED SR 120N	ED SK 4808	P SP 180M	AIR LIQUID S	TRIC SY 15	TREX D CGH	D SR 30MG	D SR 6MGM	PAFFIN SI 30	NOW DE CO	DRINE SR 30	OLIDINE/P-E	OLIDINE/P-E	ETANE DX C	ETANE DX C	ETANE DX C	ME LIQUICAI	IME COLD L	IME COLD L	IME COLD S	IME COLD L	IME COLD S
2485167 TRIPOSED SR 3840ML 2306629 ROBAFEN PE SR 120ML BOXED	2236693 PSEUDOGEST TB 30MG	2094282 PSEUDOGEST 18 60MG 100	2305316.ALL NITE COLD SR 180ML MINT	2305324 ALL NITE	2305332 ALL NITE COLD SR 180ML CHRY	2305340 ALL NITE COLD SR 300ML CHRY	2474559 APRODINE SR 480ML	2305449 APRODINE SR 120ML	2474419 PEDIA-RELIEF C/C SR 40Z	2575025 MAPAP COLD & COUGH SR	2306637 ROLATUSS EXPECT SR	2312015 DAY TIME LIQUID CP 12	2344000 DAYTIME LIQUID CAP 20S	605153 RESC	2188415 RESCON DM SL 480ML	2460319 PSEUDOEPHED HCL TB 60MG 1000	460483 PSEU	353630 CO-HIST TB 1000	2264075 COLDRINE TB 1000	2107357 NOVADYNE DMX LQ 40Z	2310159 SUDACHEM SYRP CHILD 120ML	310167 SUDA	2386266 ROBICHEM PE SR 100/30 120ML	1198/4 I RIFROLIU WIFSEUCO I AB 2.3MGUDTUU	1473938 RIPROLIUIT-EFH	2187102 SINUMED TB 100	2142032 PSEUDOEPHEDRINE TAB 30MG 100S	2265064 PSEUDOEPHED HCL TB 30MG 100	2565489 ALTARUSSN PE SR 100/30 120ML ALT	2139731 ALTAFED SR 120ML	2139/23 ALIAFED SK 480ML	2259570 NYCAIR SR 180MI ORIGETAV	2259562 NYCAAIR LIQUID SR 180ML CHRY AL	2419927 PEDI-ATRIC SY 15/1/5MG 120ML AL	2259547 DEXATREX D CGH/NSL SR 240ML	2139749 UNIFED SR 30MG 120ML	2379584 UNIFED SR 6MGML 480ML	1246222 CHLORAFED LIQ 402	2539410 MYTHSSIN PE SP 120MI	1013267/MYFEDRINE SR 30MG 120MI PED	1013226 TRIPROLIDINE/P-EPHED SR 120ML	515823 TRIPROLIDINE/P-EPHED SR 240ML	2390474 MYPHETANE DX COUGH SR 40Z	2390482, MYPHETANE DX COUGH SR PT	2390466 MYPHETANE DX COUGH SR GAI	2214641 DAYTIME LIQUICAP 12S	2214724 NITE-TIME COLD LIQ 60Z REG	2214716 NITE-TIME COLD LIQ 100Z REG	2214708 NITE-TIME COLD SR 60Z CHRY	2214690 NITE-TIME COLD LIQ 1002 CHERRY	2480168 NITE-TIME COLD SR 602 ASP FRE RXM
	·	70,000			697648 2	748951 2	713589 2		371912 2	-	881694 2	962082 2		477354	865214 2	763632 2				1					524786 2			839353 2	٠		+	913324 2					837393 2	1.		*****		495433 2		73199 2	73393 2:			_			400327 24
4 80	<u>E</u> ∙i	<u> </u>	<u> </u>	Ž	. 26	2	7.	.9		22	38			4	8	76	2	<u></u>		7				- 1	Ď ¥	9	75		2	8 8	8.3	5.2	2	7	3	8	8 8	3:0	: 0			-				8	&	&	8	20 5	9
EUTICALS	EUTICALS	EUTCALS	FUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS	EUTICALS		S	TORS				ZENITH GOLDLINE SHREVEPORT INC	SHREVEPOR	SHREVEPOR	SHKEVEPOR	:	:										:				MOBION CBOVE PHARMACELITICAL	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	MORTON GROVE PHARMACEUTICALS	CARE	CARE	CARE	CARE	CARE	REXALL MANAGED CARE
HALSEY DRUG MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEULICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	COLD/CG MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICAL	ION LABORATORIES	ION LABORATORIES	MASON DISTRIBUTORS	DIXON-SHANE	4RD	ARD.	H GOLDLINE	H GOLDLINE	H GOLDLINE	H GOLDLINE		Ä	Ä	, j.	Ä	H	# H	<u>Н</u>	u Y	i W	, W	띺	#	ALTAIRE POPERTEAUNION	POBERTS/HALICK	TANCOC NO	ON GROVE	ON GROVE F	ON GROVE F	ON GROVE F	ON GROVE F	ON GROVE P	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE	REXALL MANAGED CARE
. — —	MAJO				٠.		•		JL:MAJO	G-MAJO	I MAJO	MAJO	MAJO	NO	ON C	MASO	OXIO	WALLARD		ZENIT	MZENIT			ב ב ב	G : OUL MED-TEK	MEDIEK	AURO	MEDIREX	ALTAIRE			ALIAIRE						ביים מיים מיים	-;-			:		MORT	MORT	****					REXA
1.25-30	30MG	50MG	FORM	FORMUL	FORMUL	FORMUL	1.25-30	1.25-30	CGH/COL	CO D	EXPECT	 .	·			60MG	30MG			#NAME?	30MG/5M	PLUS	30-100/5	2.5-60MG	V.00-6.7		30MG	30MG	P.	1.25-30	25.5	DE CZ-T	CHERRY	CGH/COL	Ŗ.	30MG/5M	30MG/5M		30-100/5	30MG/SM	1.25-30	1.25-30	<u>:</u>				MEDICIN	MEDICIN	CHERRY	CHERRY	COLD
SYP	TAB	1 AB	2 C	SOL	SOL	SOL	SYP	SYP	g	SYP	SOL	CAP.	ş	SYP	SYP	TAB	TAB	TAB	TAB	ပ္တ	9	SOL	SYP	AR	TAB	TAB	TAB	TAB	SYP	SYP	27.	<u>.</u>	29	١٩	9	9	g <u>2</u>	200	3 8	5	SYP	SYP	SYP	SYP	SYP	S. P.	SOL	SOL	SOL	SOL	SOL
TRIPOSED ROBAFEN PE	PSEUDO-GEST	PSEUDO-GEST	ALL-NITE CLD	ALL-NITE CLD	ALL-NITE CLD	ALL-NITE CLD	TRIPROL/PSE	TRIPROUPSE	PEDIA RELIEF	MAPAP CHILD	LUSS	DAY TIME LIO	DAY TIME LIQ	RESCON-DM	RESCON-DM	8	PSEUDOEPHEDR	ST	SINE :	NOVAHISTINE	CH SUDACHEM	HEM	ROBICHEM PE	IRIPROLIPSE	30.75	3 6	PSEUDOEPHEDR	PSEUDOEPHEDR	ALTARUSSIN	<u> </u>	3		÷ 62	TRIC	DEXATREX D	ο.	UNIFED	ATE O	AVTI ISSIN DE	RINE	TRIPROL/PSE	TRIPROLIPSE	MYPHETANE DX	MYPHETANE DX	TANE DX	DAYTIMELIQ	NITETIME LIQ	NITETIMECIO	NITETIME MED	NITETIME MED	NGHT TIME
TRIPOSED ROBAFEN PE	PSEU	PSEC	AL A	N-I	ALL-N	ALL-N	TRIPR	TRIPR	PEDIA	MAPA	ROLATUSS	DAY	DAY	RESC	RESC	PSEUDO		CO-HIST	COLDRINE	NOV NOV	S E S	SUDACHEM	ROBIC	X (DON'T INTER	SINIMED	PSEUL	PSEUL	ALTAR	ALTAFED	ALIAFED	ALIAPED	NYCAR	PEDI-ATRIC	DEXA	CNIFED	CNIFED	CHICKATED		MYFEDRINE	TRIPR	TRIPR	MYPH	MYPHE	MYPH	DAYTI	NTET	NTET	NATET		NIGHT TIME
879077328 904004320	904010060	904010160	904010160	904132277	904132321	904132377	904152316	904152320	904505020	904506020	904762716	904781512	904781595	11808010504	11808010516	11845093604	17236026310	43797007306	43797036606	50732083804	50732087404	50732087504	50732088204	51079004620	52345026004	52348026010	55829039910	57480021001	59390000735	59390000835	59390000846	59390000847	59390001439	59390001535	59390001741	59390001935	59390001946	50441043504	50432005504	60432059804	60432060004	60432060008	60432073404	60432073416	60432073428	60814012112	60814013906	60814013911	60814014006	60814014011	60814017006
00879-0773-28 00904-0043-20	00904-0100-60	00904-0101-60	00904-1322-21	00904-1322-77	00904-1323-21	00904-1323-77	00904-1523-16	00904-1523-20	00904-5050-20	00904-5060-20	00904-7627-16	00904-7815-12	00904-7815-95	11808-0105-04	11808-0105-16	11845-0936-04	17236-0263-10	43797-0073-06	43797-0366-06	50732-0838-04	50732-0874-04	50732-0875-04	50732-0882-04	510/9-0046-20	510/9-0046-40	52349-0260-10	55829-0399-10	57480-0210-01	59390-0007-35	59390-0008-35	59390-0008-46	59390-0008-47	59390-0014-39	59390-0015-35	59390-0017-41	59390-0019-35	59390-0019-46	50441-0433-04	5944 1-0433-10	60432-0538-04	60432-0600-04	60432-0600-08	60432-0734-04	60432-0734-16	60432-0734-28	60814-0121-12	60814-0139-06	60814-0139-11	60814-0140-06	60814-0140-11	60814-0170-06

	2
	2
	0
	ĭ

					No ?					
ndc	.idc	descrip	- form	misc1	vendor		cin descrip			
00031-8603-46	31860346	ROBITUSSIN	CAP	NIGHT-	WHITEHALL ROBINS HEALTHCARE	938459	2380749 ROBITUSSIN NIGHT TM LIQ-GEL 12S		9 PSE	S
00085-1900-02	:85190002	DRIXORAL	CAP		I SCHERING-PLOUGH	940070	2254449 DRIXORAL CGH/CONGST SEE 2132090		9 PSE	S
00122-0810-66	122081066	SEUDOTABS	TAB	30MG	REXALL	655783	2159424 SEUDATABS TB 24 RXC		9 PSE	S
00122-0840-66	122084066	SEUDO-LIQUID	LIQ	30MG/5M		655775	2159432 SEUDO-LIQ 4OZ RXC		9 PSE	S
.00122-0856-66	122085666	SINUSTABS	TAB	6-120 CR		655791	2159416 SINUSTABS TB 30 RXC		9 PSE	S
00472-1139-94	472113994	NITE TIME	LIQ	CHILD	BARRE-NATIONAL	806200	2208718 NITE-TIME CHILD 40Z NAT		9 PSE	S
00472-1470-93	472147093	NITE TIME CO	·LIQ	i .	ALPHARMA	980447	2289890 NITE TIME COLD FM LQ 100Z ALM		9 PSE	S
00573-1244-10	573124410	:DRISTAN COLD	CAP		WHITEHALL ROBINS HEALTHCARE	938084	2380723 DRISTAN CLD&CGH LIQ-GEL 12S		9 PSE	S
00879-0450-04	879045004	PSEUDOEPHEDR	SYP		HALSEY DRUG	924733	2212611 PSEUDOEPHED HCL SR 120ML HLS		9 PSE	S
00879-0499-04	879049904	TRIPOSED	SYP		HALSEY DRUG	924750	2212637 TRIPOSED SR 120ML HLS		9.PSE	S
00879-0499-16	879049916	TRIPOSED	SYP		HALSEY DRUG	924768	2212645 TRIPOSED SR 480ML HLS		9 PSE	İS
00904-0217-86	904021786	FLU/COLD/	POW		MAJOR PHARMACEUTICALS	877158	2306124 MAJOR FLU COLD & COUGH PW 6 MJR		9 PSE	S
00904-5054-60	904505460	SUDOGEST	TAB		MAJOR PHARMACEUTICALS	707546	2204576 PSEUDOGEST PLUS TB 60-4MG 100 MJR		9 PSE	S
00904-5056-24	904505624	SINUS RELIEF	TAB		MAJOR PHARMACEUTICALS	500879	2517167 SINUS RELEIF TB 24 MS MJR		9 PSE	S
00904-7666-24	904766624	ILA NAS DECON	TAB		MAJOR PHARMACEUTICALS	928119	2379469 U/L DECONGESTNT LNG ACTNG TAB 24S		9 PSE	S
60814-0108-01		ANTIHIST NAS	TAB		REXALL MANAGED CARE	894508	2212884 ANTIHIST NASAL DECONG TB 100 RXM		9 PSE	S
60814-0108-10	60814010810	ANTIHIST NAS	TAB		REXALL MANAGED CARE	894516	2212876 ANTIHIST NASAL DECONGEST TAB 1M		9 PSE	s
60814-0108-24	60814010824	ANTIHIST NAS	;TAB		REXALL MANAGED CARE	894486	2212900 ANTIHIST NASAL DECONGEST TAB 24S		9.PSE	S
60814-0108-30	60814010830	ANTIHIST NAS	TAB		REXALL MANAGED CARE	894494	2212892 ANTIHIST NASAL DECONGEST TAB 30S		9 PSE	S
00085-0901-02	85090102	CHLOR-TRIMET	TAB	Apr-60	SCHERING-PLOUGH	719200	1410240 CHLOR-TRIM D 4MG TRL SZ DL90102		4 PSE	S
00677-0982-01	677098201	SINUS IMPROV	TAB	<u> </u>	URL	410918	1494426 HYDROCORTISN OINT .5% 1OZ URL		9:PSE	S
37205-0001-05		PEDIA RELIEF	DRO		LEADER BRAND PRODUCTS	963976	2303220 LDR PEDIA RELIEF DROPS .50Z 00105		0 PSE	S
37205-0003-26		PEDIA RELIEF	LIQ		LEADER BRAND PRODUCTS	963968	2303238 LDR PEDIA RELIEF COUGH-COLD 4OZ		0 PSE	S
37205-0042-26	37205004226	TRIACTING	LIQ		LEADER BRAND PRODUCTS	928291	2313013 LDR TRIACTING NITE TIME 4OZ 04226		0 PSE	s
	37205008552	MULTI-SYMPTO	CAP		LEADER BRAND PRODUCTS	965405	2302941 LDR MULTI-SYMPTON C&C GEL 10CT		0;PSE	S
37205-0207-62		PAIN RELIEF	CHW		LEADER BRAND PRODUCTS	372870	2474690 LDR PAIN RELIEVER C&C CHEW 24		0:PSE	S
37205-0211-62	37205021162		TAB		LEADER BRAND PRODUCTS	461725	2507051 LDR PAIN RELIEVER COLD CP 24		0 PSE	S
		DAY-TIME	CAP		LEADER BRAND PRODUCTS	965308	2362580 LDR DAYTIME SOFTGELS 12CT		0.PSE	S
		FLU/COLD/CGH	POW		LEADER BRAND PRODUCTS	965332	1759257 LDR FLU COUGH & COLD 6CT		O'PSE	S
37205-0376-62		SINUS PAIN	TAB		LEADER BRAND PRODUCTS	965162	1363936 LDR SINUS PAIN RELIEVER CL 24		PSE	S
37205-0385-62		ALLERGY/SINU	TAB		LEADER BRAND PRODUCTS	965200	1364447; LDR SINUS/ALLERGY PAIN RELVR 24		PSE	S
37205-0400-71		MULTI SYMPTO	TAB		LEADER BRAND PRODUCTS	965391	1745595 LDR MULTI-SYMPTOM COLD TAB 50CT		PSE	5
37205-0410-53	,	NIGHT-TIME	.CAP		LEADER BRAND PRODUCTS	965421	1759588 LDR NIGHT TIME SOFTGEL 12CT		PSE	
	N 1 1 2 1		TAB		LEADER BRAND PRODUCTS	965146	1388107 LDR PSEUDOEPHEDRINE TAB 24CT		PSE	S
37205-0447-62		SINUS	TAB		LEADER BRAND PRODUCTS	963984	1388115 LDR SINUS TAB M/S 24CT 44762			S
37205-0450-62		HISTA-TABS	TAB		LEADER BRAND PRODUCTS	965340	1376508 LDR HISTA TAB 24CT		PSE	5 S
37205-0450-78		HISTA-TABS	TAB		LEADER BRAND PRODUCTS	965359	2283109 LDR HISTA TAB 100CT		PSE	S
37205-0537-53	37205053753	TUSSIN SEVER	CAP		LEADER BRAND PRODUCTS	964026	1963198 LDR TUSSIN S/C LIQU-CAP 12S 53753		PSE	
37205-0596-52	*** . ** ** * * * * * * * * * * * * * *	14. * ** * **	TAB		LEADER BRAND PRODUCTS	933473	2312973 LDR PSEUDO SEVERE COLD 10CT) PSE	S
37205-0875-30		NIGHT-TIME	LIQ		LEADER BRAND PRODUCTS	965456	1388065 LDR NIGHT TIME REGULAR 60Z		PSE	10
37205-0875-38		NIGHT-TIME	LIQ		LEADER BRAND PRODUCTS	965464	1239169 LDR NIGHT TIME REGULAR 10OZ		PSE	:8
37205-0880-30		NIGHT TIME	LIQ	1	LEADER BRAND PRODUCTS	965430	1460377 LDR NIGHT TIME CHERRY 6OZ		PSE	S
37205-0880-38		NIGHT TIME	LIQ		LEADER BRAND PRODUCTS	965448	1783422 LDR NIGHT TIME CHERRY 100Z		PSE	is
37205-0966-52		DIXAPHEDRINE	TAB		LEADER BRAND PRODUCTS	927376	2313997 LDR DIXAPHEDRINE 10CT 96552		PSE	S
37205-0975-26	37205097526		SYP		LEADER BRAND PRODUCTS	965278	2302925 LDR TUSSIN PE SR 40Z		PSE	÷s ÷s
00031-1653-70	31165370	DIMACOL	TAB		WHITEHALL ROBINS HEALTHCARE	545287	1085455 DIMACOL CAPLET 500S 1653-70		PSE	
00081-0766-48	81076648	SUDAFED SIN			WARNER WELLCOME	694857	1507870 SUDAFED SINUS TAB 48S 22767		PSE PSE	:S :S
00081-0768-48	81076848	SUDAFED	TAB		WARNER WELLCOME	594830	1507888 SUDAFED SINUS CAPLET 48S 22769		PSE	S S
00081-0865-78	81086578	SUDAFED	TAB		WARNER WELLCOME	120499	1064740 SUDAFED TB 30MG 500X2 INSTUT			S
00121-0421-04	121042104	PSEUDOEPHEDR	SYP		PHARMACEUTICAL ASSOCIATES	783021	2170793 PA-PSEUDOEPHEDRINE HCL SYRUP 40Z		PSE	S
00182-1361-11	182136111	NIGHTTIME	CAP		GOLDLINE	842664	1698224 NIGHT TIME COLD CP 12 SFTGEL GLD		PSE	S
	451460050	GUAITAB	TAB	60-400MG		745979	2411304 GUAITAB 1005 MURO		PSE	
		DECOFED	SYP		ALPHARMA	356948	1307958 DECOFED LQ 40Z ALM		PSE	S S
	536230375	KIDCARE DECO	DRO	7.5/.BML		771651	1395425 KIDKARE DECON DR 10Z RG RUG		PSE	5
	536231097	KIDKARE		CGH/COL		771660	1395193 KIDKARECGH/COLD LQ 40Z RG RUG		PSE	S
		TRIPROLIPSE	TAB		MAJOR PHARMACEUTICALS	698270	2163780 APRODINE TB 24 MJR		PSE	S
00904-0250-60			TAB		MAJOR PHARMACEUTICALS	698288	2163798 APRODINE TB 100 MJR		PSE	s S
00904-0250-61	904025061	TRIPROL/PSE	TAB	2.5-60MG	MAJOR PHARMACEUTICALS	749087	2162865 APRODINE TB 100 UD MJR	60	rac	J

80 PSE S		80 PSE	-	80 PSE 'S	80 PSE S	80 PSES		30 08		PSE	80 PSE S	899 PSE	L C		100000	i ;			999 PSE	-		999:PSE S	_==		İ		0 1000	999.PSE S	0 000000	ממו ממו	000 000	100 000 100 000	000 DOD	100000	חסו המס	ממינו מינו		DO 100	N 100.000	200 TOD 00	100 000 100 000	000 Dog 000		000 PSE S	•	999 PSF S	•		999 PSE S	•		999 PSE S		999 PSE S				999 PSE S	BBB PSE S
	ļ		<u> </u>	·	MJR		:					_	:				· !	- .	:					:								:		1		:		:			 : :				-				:				·			 .		<i>J</i>	מס
MJR		MJR.	2163731 ALL NITE COLD SR 120ML CHILD MJR	MJR		MJR	A MJR	D	: :	ĭ	528		1 :		. 1	,	10.02		•	2						:			14 00					:	. [2 C C C C C C C C C C C C C C C C C C C		Ē	Ē	100	<u> </u>	mr 4R0 mi	2701507 Pseudoephad Guaf/TT CD 300 mg 400	ma 100 F		.00						Ē			,	8			
TB 100	TB 120/6 1	TB 120/6 2	SR 120ML		MS RELIEF	SR 40Z	TB 30MG 2	05 101	3.	ક	SEE#25140	స్ట	10	20			21 Y 10 Y0	2		4ed El 10 oz	80 m	30 100 00 100	St 30 ml	SL 240 ml	480 ml	420 ml	120	450 H	10 10			20 m	100	1000	1 100		_ '	10 mg 49.			1200	25 E		af/TT 250	T 120-12 1	D 60-6 mg	30 mg 24		E	TB 24	int 180 mi	herry 180 ı	20		E S	15 30 mg 1	uor gm na	Ē,	-
SINUS RELIEF	2163962 DEXAPHEN SA TB 120/6 10	2163970 DEXAPHEN SA TB 120/6 20	NITE COLD	2163665 SIMPLET TB 100	2163947 COLD SYMPTOMS RELIEF TB 50	2164358 PS EUDO-GEST SR 40Z	2163681, PSEUDOGEST TB 30MG 24	1402882 KOLEPHRIN DM CL 30		1402841 KOLEPHRIN CL 36	632488 NASABID 100S SEE#2514628	2695161 Tylenol Flu Night PC6	2695021 Tylenol Flu Night	2695039 Tyland Flu Night GC 20	2070004 Tabol D Cabol DD Car is 40 cm	2070003 Mod Ties DAC 60 6TD 1- 46	THE CALL	104 IZO I UN and Anghasi 100	1506021 UN and Antinasi TB 24	1843036 UN night Colds Med El 10	854009 Cophene-S SR 480 mi	2017572 Respinol-G 400/60 100	EBROL SF	2665818 HavFEBROL SF St. 240 m	brul SF SI	2695195 Decohistine 10 mg 120 mg	2624346 C-4-4 Die CD 2640 ter	2621324 Cathodae DM SR 3040 N	2258105 Guistinelo De C 60 10 mg 480 mg	1981547 Zenhrev I A TB 600 mg 100	2701878 Cardec DM TTT 15 mi	2701902 Cardec DM TTT 120 ml	2704070 Desihist TB 120/6 100	2704054 Desiblet TB 120/6 1000	2500040 Culptus DAC TTT 40 mm 420 mm	2699908 Gulatuse DAC TTT SE 10	26974341 Dibletine TTF EY 120 M	2697415 Dinistine TTT SR 10 mo 48. ml	22/28/25 Track Table 111 SR 10 mg	2701167 Benidonbad Gust TTT 600 mc 100	2699718 Halotussin DAC 10 mg 120 mil	2699676 Halotussin DAC TTT SR 10 mg 480 ml	Conhad Gu	2701209 Pseudoephed Guaf/TTT 250 mg 100	2703320 Nasal Decond TTT 120-12 100	2703361 Nasal Decong PED 60-6 mg 100	2694776 U/L. Pseudo Gest 30 mg 24	prodine 24	2629160 Novagest EX 3840 ml	2694768 U/L Pseudo Gest TB 24	2694198 U/L All-nite Cold mint 180 ml	2694180 U/L All-nite Cold Cherry 180 ml	Cold Symptom 50	ps 100	2009611; Lantuss DM SR 480 ml	2596/48 Pseudoephedrine tb 30 mg 100	40 = 400	196 162 Cioned 10 mg 480 mi	IST PIUS 100
2164424 SINI	63962 DEX	63970 DEX	63731 ALL	53665 SIM	63947 COL	34358 PS E	33681 PSE	12882 KOI		72841 KUL	32488 NAS	35161 ² Tyler	35021 Tyler	PEON Tyles	T-1000	000	1264 IN	12010N	8 NO 17090	2036 UN	4009 Cop4	17572 Resp	5800 HayF	5818 HavF	5826 Have	5195 Dec	424	122	8105 Gulat	1547 Zanh	1878 Card	1902 Card	4070 Desib	4054 Desib	Dod Guist	9908 Gulat	7434 Dine	7415 Dible	2025 Telog	1167 Deale	9718 Haint	9676 Haint	1507 Pears	1209 Pseuc	3320 Nasal	3361 Nasat	4776 U/L P	2694206 U/L Appopline 24	9160 Novag	1768 U/L P	1198 U/L AI	1180 U/L AI	2694446 U/L CA	2621811 Lan tabs 100	011 Lantus	748 Pseud	403 Clade	162 Cionet	IOO Lemon
H							ung	~			- 1		-			-	<u>:</u> :			-						-	·-	<u>.</u> .!	1	-		<u>. </u>		:-		:	-	•)	:			-				-		7697	769	7697	562	200	8.0	7030		707
707724	98692	60880	697630	675024	698652	1707562	675598	19257	10064	PC281	784800	689602	609820	609960	581078	40000	2000	000	400038	40000	Lacore	480576	830607	830623	830631			656204	610496	362158	847038	847160	871400	871079	830850	R30647	818658	818534	855070	RAZEOR	838144	837997	844233	843474	862045	862177	605085	595560	1711128	60500	595420	595390	599450	658081	405868	702284	367036	554000	0000
	S	S.	တ	S)	ဌာ	S	S				2					:	ري اون	3 6	3 5	3	1					CEUTICAL		:		S	}	:		:													so.	.co	co.	'n	m	~	νί				•		
ACEUTICA	ACEUTICA	ACEUTICA	ACEUTICA	ACEUTICA	ACEUTICA	ACEUTICA	ACEUTICAL				CEUICA	MER	MER	MER	E	, L	PMACELIT								:	PHARMA			:	CEUTICAL								•							: :		CEUTICAL	CEUTICAL	CEUTICAL	CEUTICAL	CEUTICAL	SEUTICAL	EUTICAL			Section	2	5	
30-325MG MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	FER	000	1	90-250CK ABANA PHAKMACEU IICALS	MCNEIL CONSUMER	MCNEIL CONSUMER	:MCNEIL CONSUMER	WARNER CHILCOTT	WARNER CHILCOTT	AMERICAN PHARMACEI ITICAL CO	AMERICAN DIABINACE COLORES	DECONG AMERICAN PRAKMACEUTICAL CO		1	/EK	SCOT-TUSSIN	SCOT-TUSSIN	SCOT-TUSSIN	MORTON GROVE PHARMACEUTICALS	>	- >		SANOFI PHARMACEUTICAL	ORE	L MOORE	L MOORE	OORE	MOORE	LMOORE	MOORE	MOORE	MOORE	MOORE	MOORE	MOORE	MOORE	MOORE	MOORE	ORE	MAJOR PHARMACEUTICALS	PHARMA	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICALS	MAJOR PHARMACEUTICAL	COLUMBIA DRUG	COLUMBIA DRUG	MASON DISTRIBUTORS	STEWART INCKSON	DACK 171	•
SMG MAJO		• •			٠.	<u>چ</u>		PFEIFFER	02233330		CK ABAN											MISEMER	SCOT	SCOT	SCOT	****		RIGRY	RUGBY			I	Ξ	Ξ	H		I	<u> </u>	Ξ	<u> </u>	<u> </u>	Ħ	H	HLMC	H	H L MOORE	MAJOR	1G (MAJOF					MAJOR	COLUN		NA CO	STEIA	SENEC	
П	6-120	6-120	corp/ce		COLD	30MG/5M	30MG				307-06	NICHIE	MICHTIM	MICHUM		#NAME?	CNCCHC		3 5	2 3::			Ŗ.	P.S.	S	EXPECT			: : :	120-600	 		6-120	6-120			EXPEC	EXPECT	} 	120-600	DACS	DACSF	60-300	120-250	12-120	<u>دل</u> ه	30MG	2.5-60MG	EXPECT	PLUS	FORMUL	FORMUL	2			DWO C	5	<u>a</u>	ב ב ב ב
TAB	TAB	TAB	g	- Y	•		TAB	TAB	TAB	2 5	3	P.O.	Š	Ş	SYP	Č	TAR	2 2	2 5		9	Y S	9	9	g	So	SVP	λ	SOL	TAB	SYP	SYP	ТAВ	TAB	C	SOL	9	9	SYP	TAB	SOL	SOL	S	δ	δP	Š	TAB	TAB	SOL	1 8	So	ပ္တ	8	TAB	2	2 0 4	2	7 P	5
SINUS RELIEF	DEXAPHEN SA	DEXAPHEN SA	CH ALL-NITE	E.	SYMPTOMATIC	SUDOGEST CHD	GEST	KOLEPHRIN/DM	NIGHO		: :: ::	TYLENOL FLU	TYLENOL FLU	TYLENOL FLU	TRIP/PSF/COD	5511	ANTIHIST NAS	ANTIGICANO	Z INL	באום ט	ייים אוניים מייטורים	KENTINGL-G	BROL	BROL	BROL	DECOHISTINE	CARBODEC DM	CARBODEC DM	GUIATUSS DAC	Σ Σ	CDM	NO CO	STSA	STSA	GUIATUSS DAC	USS DAC	N.	DIHISTINE	ပ္		USSIN	USSIN		PSEUDO/GUAIF	NASAL DECONG	NASAL DCG PD	PSEUDO-GEST	LPSE	NOVAGEST/COD	PSEUDOGEST	C C	00	SYMPTOMATIC	n : 6	E C	; ;	: ::::::::::::::::::::::::::::::::::::		2
		DEXA	CHA	SIMPLET	SYMP	SUDO	SUDOGEST	KOLE	KOL FDHBIN	• •		TYLE	TALEY	TYLEN	TRIP	MFDI-TUSS	ANTIH	HILL	IN LICIN	A PARTITION OF	ב ה כ כ	ביי	HAYFEBROL	HAYFEBROL	HAYFEBROI	DECO	CARR	CARBC	IGUIAT	ZEPHREX LA	CARDEC DM	CARDEC DM	DESIH	DESIHIST SA	GUIATI	GUIAT	DIHIST	DIHIST	TRIACIN-C	PSE/GG CR	HALOTUSSIN	HALOTUSSIN	PSE/GG	PSEUD	NASAL	NASAL	PSEUD	TRIPROL/PSE	NOVAC	PSEUD	ALL-NITE CLD	ALL-NITE CLD			MO-SOLDW-DW				••
904032160	904066815	904066895	904132420	904345960	904365051	904502020	904505324	927018707	927022463	42462025004	1240302301	42017106	45017410	45017420	47290023	47293223	84043301	0001010	84063340	217041011	370444004	14501	3/2003801	372003808	372003816	426858504	536043290	536043297	536079085	563262701	839640463	839640465	839647106	839647116	839647865	839647869	839669565	839669569	839707969	839775406	839778565	839778569	839792406	839792506	839797206	839797306	904010024	904025024	904092328	904100924	904132221	904132321	904365051	11/35003211	41/02027/11	11845003601	45985059616	47028001910	1070070
. –				_	••		,	00927-0187-07	00927-0224-63			_	00045-0174-10		00047-2900-23	· · · ·					•				00372-0038-16				00536-0790-85 5	00563-2627-01		00839-6404-65 8	00839-6471-06 8	00839-6471-16 8		,	-			**	-	8 69-582-69 8	٠		00839-7972-06 8			:		*	····						•	-	
70904-	0000	00904-	00904-	00904-	00904	00304	00904-	00927 .	F16600	12469	-5047	7004	0045-L	0045 L	0047.	0047-	0084-	0084.5	00847	217.5	2260	-0770	03/24	0372-0	0372-C	0426-8	0536-0	0536-0	0536-0	0563-2	0839-6	9839-6	3839-6	3839-6	839-6	339-6	3839-6	3839-6	7-6580	7-9580	1839-7	839-7	839-7	839-7	1839-7	3839-7	904-0	9040	0904-0	904-1	00904-1322-2	00904-1323-2	00904-3650-51	11/35-0032-11	11/33-020/-10 110/E 0061 04	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	985.0	028-0	Š

type:) <i>(</i>	Ø	S	S	က္က	S)	က္က (S.	တ (0	D Q	3 C	0	(C)	S	<u>ග</u>	cs ,	<u>တ</u>	ω (0 0	<i>(</i>	S	S	S	တ	တ	s	တ	Ø	Ø	S	တ	ຜູ	S	Ø	<u>თ</u>
den ly	12 066 12 PSE	999 PSE	999 PSE	999 PSE	999 PSE	BS9 PSE	999 PSE	999 PSE	999 PSE	ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב	1000 DOD	999 PSF	999 PSE	999 PSE	999 PSE	999 PSE	999 PSE	999 PSE	999 PSE	100 000 100 000	999 PSE	389 PSE	999 PSE	999 PSE	999 PSE	999 PSE	999 PSE	999 PSE	989 PSE	999 PSE	999 PSE	999 PSE	999 PSE	999,PSE	999 PSE	150 000 150 000
			 '.			- : -: :				- <u>-</u> -	:			-	_			-			-				-	_	-					-				;
1 30 mg 1000	_	a DH 120 ml	267/946 Co-histine Exp	2677000 Cultivities EXP EX 460 ML	2677938 Gulatussin DAC SR 120 ml	2677482 Gulatuscin DE CT 420 mi	120ml	1 007	3840 ml	B DX 3820 MI	2677342 Carbofed DM SR 3840 ml	2665347 NOVADYNE DMX SR 100/10 480 ml	2665354 Novadyne DMX 100/10 3840 ml	2865412 Sudachem Childs 6 mg/ml 480 ml	2003420; Sudachem Childs SR 6 mg/ml 3840 ml	120 ml	2620920 Decorate Tire CD 3021 120	1838387 V nseudoednbedding To 20 mi	2678332 Tripolidine/pseudo TB 100	2678324 Tripolidine/pseudo TB 50	2678811 Biotussin DAC EX 120 mi	2678829 Biotussin DAC SR 480 ml	e EX 120 ml	Ex 240 ml	EX 480 m	SF/AF DR 30 ml	E 021 70	00 304 E	ON 5040 III	E 071 NG	E 047 CO	1 C706 G0	2678077 Bioched CD 20 11 420 11	267808E Blooks of Co. To To To To To To To To To To To To To	2678993 Richard Std 30 mm 460 mi	SR 30 mg 3840 ml
610 Pseudoe	2677961 Co-histine DH 480 ml	2677979 Co-histine DH 120 m	26//946 Co-histine Exp		938 Gulatussi 938 Gulatussi	482 Gulatusei	2677 169 Active SR 120ml	2677177 ACTION SEP 480	2677 185 Active SR 3840 m	2677276 Brometane DX 3820 M	342 Carbofed	47 NOVADY	54 Novadyne	12 Sudachen	20 Sudachen	2620040 Allerphed 120 ml	20 Decodes	R2IV nselidos	32 Tripolidine	24 Tripolidine	11 Biotussin [29 Biotussin [2678878 Biotussin Pe EX 120 m	20/8886 Billotuss Pe Ex 240 ml	20/0094 Blottuss Pe EX 480 m	20/501/ Blodec DM SF/AF DR 3	2670022 Bloddec UM SK 120 m	2679041 Blodge DM 68 2840	2678936 Bloshed DE 60 420	2678944 Blosehd DE 6B 240	2678951 Bloobed DE SR 240 m	2678960 Biorbed DE CO 2010	Z. Biophod S.	S popular of	Richhed Se	2679009 Biophed SR
	729	7297	2677	2677	2677	2677	2677	2677	2677	26772	26773	26653	26653	28654	4000	26200	26209	18383	26783	26783	26788	26788	26788	20/07	20/00	26700	26700	267904	267803	267894	26780-	267806	267R07	267809	267899	267900
693936	898236	090244	898228	RORIOR	898201	897353	896403	896411	896420	896551	896675	828971	828980	629145	050103	654302	654310	455377	899038	899020	900117	900133	900184	900192	000000	900334	900370	900389	900257	900265	900273	900303	900311	900320	900338	900346
		,										NC.		2 <u>2</u>	2								:		!	•			-	_		!				
									,		į	EVEPO	EVEN C							1				:				:				•				
5 5 6											'! :	בול לו היל לו	7 1 0 U	ALC IN	RNIAR	RN LAB	RN LAB	:		:					:			; ;								
TIME-CAP LABS		H-TECH	H-TECH	H-TECH	HI-TECH	H-TECH	HI-TECH	H-TECH	H-TECH	H-TECH	HI-TECH	ZENITH COLDLINE SHREVEPORT INC	ZENITH GOLDLINE SHKEVEPOKI INC	ZENITH GOLDLINE SHREVEPORT INC	GREAT SOUTHERN I ARS	GREAT SOUTHERN LABS	REAT SOUTHE	VHA+PLUS	5-60MG INTERPHARM	S-SUMG IN ERPHARM	BIODHADM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	BIO-PHARM	D-PHARM	BIO-PHARM	BIO-PHARM
30MG		EXPECT	Ċ.	DAC		.~	•••	₹	1.25-30	-	- CL14414		. •			Ž.			2.5-60MG :II	Z.S-BUMG - I		0/2	2-100/5		<u>.</u>	<u></u>	<u>a</u>					1.25-30 BI	30MG/5M BI	VG/5M		7G/5M
TAB	308	SOL	SOL	SOL	SOL	SYP	SYP	SYP	SYP	SYP	٠ د در	700	9	19	SYP	SYP	SYP	TAB	TAB	200	Sol	SYP	SYP	SYP	020	SYP	SYP	SYP	SYP	SYP	:					~
								••			5		:		<u></u>	Ö.		ž		1		Ś	S	S	۵	Ś	(C)	တ်	Ś	<u>(v</u>	(S	છ.	<u> </u>	2	9	<u>ĭ</u>
PSEUDOEPHEDR CO-HISTINE	CO-HISTINE	CO-HISTINE	CO-HISTINE	GUAIATUSSIN	GUAIATUSSIN	GUIAIUSS P.	ACTIVE	ACIIVE	ACTIVE	CABOORE ANE D	NOVAHISTINE	NOVAHISTINE	CH SUDACHEM	CH SUDACHEM	ALLERPHED	DECOGEST	DECOGEST	PSEUDOEPHEDR	TRIPROUPSE	BIOTUSSIN	BIOTUSSIN	BIOTUSS PE	BIOTUSS PE	BIOTUSS PE	BIODEC-DM	BIODEC-DM	BIODEC-DM	BIODEC-DM	BIOFED-PE	BIOFED-PE	BIOFED-PE	BIOLED-PE	BIOLED	BIOFED	BIOFED	
50383008404	50383008416	50383008604	50383008616	20383008804	50383008816	50000011404	50383011504	9131102000	50383011528	50383075128	50732083816	50732083828	50732087416	50732087428	51301053004	51301053204	51301053304	5323601/024	53746028850							******	,		-						59741013816	
A 10	50383-0084-16	50383-0086-04	50383-0086-16	30,303-0000-04	50383-0088-16 50383-0114-04	: :	50383-0115-04 50383-0446-46	2 9	50383-0115-28		50732-0838-16	50732-0838-28	!-				53258 0470 24						1		_			50741-0139-20	.,					***	-4-	

Page





CONFIDENTIAL

DEA COMPLIANCE MANUAL

APPENDIX F

DEA Correspondence



U.S. Department of Justice

Drug Enforcement Administration

Washington. D.C. 20537

JUN 2 5 1992

Ms. Sherry Haber National Wholesale Druggist Association 105 Oronoco Street Alexandria, Virginia 22314

Dear Ms. Haber:

It has been brought to the attention of the Drug Enforcement Administration (DEA) that some confusion exists regarding the proper completion of the DEA Form 222 with respect to the "number of lines completed." This letter is written to help alleviate some of the confusion.

Title 21 of the Code of Federal Regulations (CFR), section 1305.06(b) states that only one item shall be entered on each numbered line. It further states that the total number of items ordered shall be noted on the order form in the space provided. On the current version of the DEA Form 222, the aforementioned "space provided" is termed "number of lines completed." When the above requirements are followed to the letter, there is no discrepancy between the number of items ordered and the number of lines completed.

Problems in interpretation have been encountered when the purchaser either uses more than one line to describe an item or voids an item. In the first instance, the correct interpretation would be to list the number of items ordered on the form in the space labeled "number of lines completed." The DEA Form 222 will be revised in its next printing to rename the heading "number of items ordered."

The issue of voided lines on the order form is perhaps a bit less clear cut in its interpretation. In strictly interpreting the regulations, the only conclusion which can be reached which is not open for interpretation is that a supplier may not fill an order form which "shows any alteration, erasure, or change of any description" (21 CFR 1305.11(2)). In fact, instructions provided on the reverse side of the DEA Form 222 advise the purchaser

Ms. Sherry Haber

Page Two

not to make erasures or alterations. They state that if an error should be made, all copies of the form should be voided and kept on file.

In addition, the regulations imply that only a supplier, not a purchaser, may void an item on a DEA Form 222. Section 1305.15(a) of the regulations states:

A purchaser may cancel part or all of an order on an order form by notifying the supplier in writing of such cancellation. The supplier shall indicate the cancellation on Copies 1 and 2 of the order form by drawing a line through the canceled items and printing "canceled" in the space provided for number of items shipped.

Consequently, the supplier is the only individual that has the authority to indicate the cancellation on the order form.

A separate but related issue has also been raised regarding generic substitution of order forms. DEA policy does not preclude generic substitution of identical products provided that the name and National Drug Code number of the actual product shipped is reflected on the form. Therefore, it would be acceptable to make a substitution provided that the customer agrees to accept a generic rather than a brand name product, the generic product of a manufacturer other than the one specified or a brand name product rather than a generic one. Therefore, the purchaser will not be required to submit a new DEA Form 222 to accommodate such a change.

Please disseminate the enclosed information to the members of your organization in an effort to dispel any problems they are perhaps encountering with the form. Thank you for your attention to this matter.

Sincerely

Gene R. Haislip

Deputy Assistant Administrator Office of Diversion Control

Cardinal Health

Clarence Crisp/Cdc

Paul Exley/Ovc

Ron Franks/Bos

Rick Gliot/Cdc

Ben Jones/Zan

Geoff Kirkham/Har

-- Carol Verrastro/Buf

Pete Westermann/Syr

George Bennett CC:

DATE: June 29, 1992

FROM: SUB1:

Steve Reardon/Bos Steve

Order Forms (DEA Form 222)

At a recent NWDA/DEA meeting that I attended, DEA issued the attached letter to further clarify their position on the proper completion of DEA Form 222 with respect to number of lines completed, voided or canceled lines, and generic substitutions. The regulatory interpretations are as follows:

- When two lines are used on an order form to describe one item, the number of lines completed at the bottom should be one. If two lines are used to order one item and "two" is entered in the number of lines completed, the order form must not be filled.
- A customer cannot void or cancel a line on the order form. If an order form is received from a customer with a voided or canceled line, the order form is considered defective and cannot be filled. Only a supplier may void an item on DEA Form 222. The customer may cancel a line by notifying the supplier in writing.
- It is acceptable to substitute generic product for generic product, generic product for brand name product, or brand name product for generic product provided that the products are equivalent, the name and the NDC number of the actual product shipped are reflected on the order form, and the purchaser agrees to the substitution.

Please read the letter for the specifics of these interpretations and pass the information on to the appropriate personnel in your division. Your customers should be notified regarding the consequences of their voiding or canceling a line.

DEA has informed their local offices of these interpretations, and you can expect regulatory enforcement to be consistent with the information contained in the letter.

If you have any questions, please call.

Attachment

Cardinal Health

Clarence Crisp/Cdc

Paul Exley/Ovc

Ron Franks/Bos

Rick Gliot/Cdc

Ben Jones/Zan Geoff Kirkham/Har

Carol Verrastro/Buf
 Pete Westermann/Syr

CC: George Bennett

DATE: June 29, 1992

June 2:

SLIBI.

Steve Reardon/Bos Steve

Order Forms (DEA Form 222)

At a recent NWDA/DEA meeting that I attended, DEA issued the attached letter to further clarify their position on the proper completion of DEA Form 222 with respect to number of lines completed, voided or canceled lines, and generic substitutions. The regulatory interpretations are as follows:

- When two lines are used on an order form to describe one item, the number of lines
 completed at the bottom should be one. If two lines are used to order one item and
 "two" is entered in the number of lines completed, the order form must not be filled.
- A customer cannot void or cancel a line on the order form. If an order form is
 received from a customer with a voided or canceled line, the order form is considered
 defective and cannot be filled. Only a supplier may void an item on DEA Form 222.
 The customer may cancel a line by notifying the supplier in writing.
- It is acceptable to substitute generic product for generic product, generic product for brand name product, or brand name product for generic product provided that the products are equivalent, the name and the NDC number of the actual product shipped are reflected on the order form, and the purchaser agrees to the substitution.

Please read the letter for the specifics of these interpretations and pass the information on to the appropriate personnel in your division. Your customers should be notified regarding the consequences of their voiding or canceling a line.

DEA has informed their local offices of these interpretations, and you can expect regulatory enforcement to be consistent with the information contained in the letter.

If you have any questions, please call.

Attachment

December 16, 1992

Steve Reardon

DEA Form 222

Cardinal Health.

10:

John Dewees

Paul Exiey

Ron Franks

Rick Gliot

Ben Jones

Willard Lawrence

Doug Pace

Carol Verrastro

Pete Westermann

CC:

George Bennett

Clarence Crisp

Canana Danmatt

Please be advised that DEA has made changes on DEA Form 222 (sample attached). They are as follows:

- "No. of Lines Completed" has been changed to "No. of Items Ordered (Must Be Ten or Less)"
- Instruction #8 on the reverse side was changed from:
 - Enter the number of items ordered this should correspond to the number of lines used. If this number has not been entered, the form will be returned to you for completion before the supplier is allowed to fill it.

to:

8. Enter the number of different items ordered — this generally should correspond to the number of lines used. If a number has not been entered, the form will be returned to you for completion before the supplier is allowed to fill it.

These changes were made in an attempt to facilitate compliance with 21 CFR 1305.06(b) which reads:

(b) Only one item shall be entered on each numbered line. There are ten lines on each order form. If one order form is not sufficient to include all items in an order, additional forms shall be used. Order forms for carfentanil etorphine diprenorphine shall contain only these substances. The total number of items ordered shall be noted on that form in the space provided.

Please pass this information on to the appropriate personnel in your division. If you have any questions, please call.

Attachment



U.S. Department of Justice

Drug Enforcement Administration

Washington, D.C. 20537

APR 9 = 1993

Mr. Dan White
Director, Distribution Projects
and Regulatory Affairs
McKesson Drug Company
One Post Street
San Francisco, California 94104-5296

Dear Mr. White:

Reference is made to your recent letter in which you asked for clarification of the Drug Enforcement Administration's (DEA) policy regarding the "Number of Items Ordered" box on DEA Forms 222.

We had hoped to eliminate much of the confusion regarding the proper completion of order forms by changing the heading for this box from "Number of Lines Completed" to "Number of Items Ordered," out based upon your inquiry and others we have received, it is apparent that some confusion still exists.

In your letter, you cited as an example an instance where a purchaser has used five lines on a DEA Form 222 to order controlled substances. Sine #1 and line #4 both contain entries for the same product and package size, i.e. #1 x 100 Ritalin Tab 5mg." You asked whether the "Number of Items Ordered" would be "five" or "four."

Section 1305.06 (c) of Title 21 of the Code of Federal Regulations (CFR) specifies that "An item shall consist of one or more commercial or bulk containers of the same finished or bulk form and quantity of the same substance; a separate item shall be made for each commercial or bulk container of different finished or bulk form, quantity or substance." It is our position, therefore, that in the example you cited, four items were ordered. If the purchaser in this case had erroneously indicated that five items had been ordered (most likely based on the fact that five lines had been completed), we would deem this to be a minor error which could be corrected.

Mr. Dan White

Page Two

It has always been our intent to keep all of our Diversion Investigators knowledgeable about interpretations of the Controlled Substances Act and implementing regulations as well as DEA policy. If you are aware of any inconsistencies in our field offices' interpretation of the CSA, the regulations or DEA policy, please bring it to Ms. Carter's or my attention so the situation can be rectified.

If I can be of further assistance, please let me know.

Sincerely,

G. Priores Girchel, Chief Liaison and Policy Section Office of Diversion Control



U.S. Department of Justice

Drug Enforcement Administration

... Washington, D.C. 20537

MAY 1 8 1993

Ms. Diane P. Goyette
Director of Regulatory Affairs
National Wholesale Druggists' Association
P.O. Box 2219
Reston, Virginia 22090-0219

Dear Ms. Goyette:

This is in response to your letter of March 8, 1993, regarding the issues raised at the National Wholesale Druggists' Association's (NWDA) Regulatory Affairs Working Group meeting in San Antonio.

The issues raised at the meeting are important and we look forward to continuing to work with the NWDA on matters concerning compliance with Federal and state laws and regulations governing controlled substances. We have relayed the working group's concerns regarding consistency in the Drug Enforcement Administration's interpretation of policy to all of our field offices. We have also reminded them that responses to policy questions should be made in writing if requested by the registrant.

Thank you for allowing members of the Office of Diversion Control staff to meet with you. We believe that by sharing concerns and ideas to prevent the diversion of legitimate controlled substance, both DEA's mission and NWDA's needs will be met.

Sincerely

G Idomas Gitchel, Chief Limison and Policy Section Office of Diversion Control

1973



U.S. Department of Justice

Drug Enforcement Administration



JUN 23 1993

Mr. Larry L. Holland Corporate Director Security and Regulatory Compliance Alco Health Services Corporation P.O. Box 959 Valley Forge, Pennsylvania 19482

Dear Mr. Holland:

This is in response to your letter of April 22, 1993, in which you question the use of a former owner's Drug Enforcement Administration (DEA) registration by the new owner following the purchase of a pharmacy. There have been certain instances recently which have resulted in our reevaluating the circumstances under which these procedures may be used.

It is DEA's policy that upon purchasing a pharmacy the new owner must obtain a new DEA registration prior to dispensing controlled substances. However, we recognize that there may be occasions when, due to circumstances beyond the new owner's control, issuance of the appropriate state permits and, consequently, the new DEA registration may be delayed. In such situations, it may be permissible for the new owner to continue the business of the pharmacy under the previous owner's registration, provided certain conditions are met by both new and old owners.

The primary condition is that both the buyer and seller enter into a power of attorney that specifically sets forth the following:

- 1. The seller agrees to allow the controlled substance activities of the pharmacy to be carried out under the seller's DEA registration;
- 2. The seller agrees to allow the buyer to carry out the controlled substance activities of the pharmacy, including the ordering of controlled substances, as an agent of the seller;

Mr. Larry L. Holland

Page Two

- 3. The seller acknowledges that, as the registrant, they will be held accountable for any violations of controlled substance laws which may occur; and
- 4. The buyer agrees that the controlled substance activities of the pharmacy may be carried out under the seller's registration for no more than 45 days after the purchase date, which shall be recorded in the agreement.

In addition, the buyer must notify the appropriate local DEA office of the proposed use of the seller's DEA registration and, if requested, furnish a copy of the agreement. Should circumstances warrant, the local DEA office may withhold permission for the buyer to use the seller's registration number. The buyer cannot automatically assume that they will be authorized to utilize the seller's registration to conduct controlled substance activities.

With respect to your concerns regarding good faith verifications under such conditions, the best approach is to require that a copy of the power of attorney be provided with the copy of the registration certificate.

I trust the above adequately addresses your concerns. If you have any further questions or comments, please do not hesitate to contact this office at (202) 307-7297.

Sincerely

G. Thomas Gitchel, Chief Liaison and Policy Section Office of Diversion Control

Cardinal Health.

Tom Blaylock/National Specialty Serv. DATE:

John Dewees/Marmac

Paul Exley/Ohio Valley
Ron Franks/Daty

Rick Gliot/Chapman

Ben Jones/Bailey
Brian Landry/Mississippi

-Doug Pace/Florida

John Roth/Solomons

Carol Verrastro/Ellicott

Pete Westermann/Syracuse

CC: George Bennett/Dublin

June 29, 1993

Steve Reardon/Daly

DEA Policy

SLIBI

Typically, local DEA offices are willing to provide registrants with regulatory policy interpretations but are hesitant to put these interpretations in writing. However, according to the attached letter, the field offices have recently been instructed to respond to policy questions in writing if requested by the registrant. In response to this new directive from Washington, our policy should be to ask for all interpretations of DEA regulations and policies or approvals of procedures for your operation to be put in writing. This practice will protect us against potential violations that could result when being inspected by DEA investigators who disagree with the interpretation or are new to the local office. If the local office is hesitant to put something in writing, please feel free to provide them with a copy of this letter or contact me, and I will handle it.

If you have any questions, please call.

Attachment



Sales and Operations Personnel
Linda Zarlengo

FROM:

August 25, 1993

CC: George Bennett
Pete Westermann

sua. Steve Reardon

DATE

Change of Pharmacy Ownership: DEA Policy

Change of pharmacy ownership and continuing operation on a previous owner's DEA registration is an issue which has created ongoing confusion and inconvenience for us and our customers because of varying local DEA interpretations as to whether or not this is allowed.

DEA Headquarters recently documented DEA's official policy in the attached letter, which states that continued operation is permissible when certain conditions are met by both the current and previous owners.

The primary condition is that both the buyer and seller enter into a power of attorney that specifically sets forth the following:

- 1. The seller agrees to allow the controlled substance activities of the pharmacy to be carried out under the seller's DEA registration;
- 2. The seller agrees to allow the buyer to carry out the controlled substance activities of the pharmacy, including the ordering of controlled substances, as an agent of the seller;
- 3. The seller acknowledges that, as the registrant, they will be held accountable for any violations of controlled substance laws which may occur; and
- 4. The buyer agrees that the controlled substance activities of the pharmacy may be carried out under the seller's registration for no more than 45 days after the purchase date, which shall be recorded in the agreement.

Prior to selling to the new owner, you should obtain a copy of the power of attorney and file it with the copy of the previous owner's DEA registration certificate.

In addition, you must monitor the 45-day limit on controlled substance activity imposed as part of this policy.

If you have any questions, please call.

Attachment

Cardinal Health

Sales and Operations Personnel

DATE August 25, 1993

CC:

George Bennett

St. St

FROM-

Steve Reardon fund

Mid-Level Practitioners (MLPs)

The Drug Enforcement Administration (DEA) published a final rule in the June 4 Federal Register establishing a new category of DEA registrants, mid-level practitioners (MLPs). The rule defines MLP as "an individual practitioner... other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice." Examples of MLPs include nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants.

MLPs will now be registered with DEA, but their authority to prescribe, dispense, and order controlled substances is granted by the state in which they practice and varies greatly among the states and types of MLPs (see attached). The final rule places responsibility for verifying this authority on the supplier, a complicated task at best.

I don't believe MLPs represent a significant new class of customers who would generate large volume sales and, because of the compliance difficulties posed by the authority verification responsibility, recommend that we do not sell directly to them. However, if this turns out not to be the case, we can reevaluate this position.

Please pass this information along to the appropriate staff in your division. If you have any questions, please call.

NOTE:

The new MLP registration number will begin with the letter "M" rather than the letters "A" or "B" currently used for traditional practitioners.

Attachment

Distribution:

Denzel Bibey
Dave Blaylock
Tom Blaylock
Jim Bonanni
Тепу Вюми
Chip Caney
John Dewces

Paul Exley
Rick Gliot
Pat Jensen
Lindsley Keeton
John Kilgour
Les Killebrew
Brian Landry

Bernie Livingston Gene Morrow Patrick O'Connor Doug Pace Alan Phair Sherry Rahn John Roth Roy Stromski Jeff Tuller Mike Vaughan Carol Verrastro Pete Westermann



Dwight A. Steffensen, Charman of the Board Ronald J. Streck, President & CEO

National Wholesale Druggists' Association

P.O. Box 2219, Reston, VA 22090-0219. Fax # 703/787-6930. 1821 Michael Faraday Drive, Suite 400, Reston, VA 22090-\$348 • 703/787-0000

August 20, 1993

TO:

Active Member CEO's

Government Affairs Committee Regulatory Affairs Working Group

FROM:

Diane Goyette

Director of Regulatory Affairs

Robin Pollini Regulatory Analyst

SUBJECT:

DEA Mid-level Practitioner Rule: Information on State Prescribing Authority

As previously reported to you, the Drug Enforcement Administration (DEA) published a final rule in the June 4 Federal Register establishing a new category of DEA registrants. Under this rule, mid-level practitioners (MLPs), such as physician assistants and nurse practitioners, will obtain and use their own DEA numbers to prescribe, dispense and order controlled substances, subject to state requirements. The rule went into effect on July 1, 1993. We have attached a copy of a June 1993, Government Update article outlining the new regulations (Attachment A).

MLPs will now be registered with DEA, but their authority to dispense controlled substances is granted by the state in which they practice. The final rule places the responsibility for verifying the degree of the MLP's authority to order and prescribe controlled substances on pharmacists, wholesalers and other parties in the distribution chain. Because prescribing authority varies so widely among states and types of MLPs, wholesalers need to be familiar with the restrictions imposed by each state that they service.

NWDA has developed the enclosed materials to familiarize you with the MLP prescribing authority in each state. We hope you will find them helpful in determining your obligations under the new DEA rule. The materials are based on information received from the National Association of Boards of Pharmacy, the American Academy of Physician Assistants, the American Nurses Association and various state authorities. In addition to the Government Update article, we have included the following:

Mid-Level Practitioner Prescribing Authority by State Chart (Attachment B) - This chart provides information on the prescribing authority, per state, for the following MLPs: doctors of homeopathy, physician assistants, advanced registered nurse practitioners, "other nurses" and optometrists. This is only a partial list, containing information on the

 $\overline{N \cdot A}$

more commonly encountered MLPs. It should be noted that other practitioners may be covered under the MLP rule. For the purposes of this chart, the term "other nurses" includes clinical nurse specialists, nurse midwives, certified registered nurse anesthetists and various nurse practitioner specialists.

The chart takes each state and assigns the five MLP groups a number representing their prescribing authority under that state's regulations. MLPs with independent prescribing authority (category 1) or limited prescribing authority (category 3) are probably of the most concern to you as a wholesaler because these MLPs have the greatest degree of authority to prescribe. Dependent describing authority (category 2) in some states may also be of concern. A description of the categories appears at the beginning of the chart.

Notes on Dependent and Limited Mid-Level Practitioner Prescribing Authority, by State (Attachment C) - These notes accompany the chart to provide additional information on dependent and limited prescribing authority for physician assistants and nurses. Accordingly, each category 2 and 3 listing on the chart has a corresponding explanation in the notes. Many of the chart entries for other nurses "vary." Where this variation could not be covered in the notes, you will need to contact the state for more information.

State Contact Listings (Attachment D) - Because there are so many different types of MLPs and the prescribing authority for each of these MLPs varies widely by state, you may need to supplement the enclosed information by contacting the states for more information. The contacts at the state Boards of Pharmacy and state licensing agencies listed in this package should be able to answer any questions that you have regarding MLP prescribing authority.

We hope that the enclosed materials will assist you in responding to the requirements of the new DEA mid-level practitioner rule. As new information becomes available we will update these materials for your use. If you have questions regarding the enclosed materials or the mid-level practioner rule, please contact Robin Pollini, NWDA Regulatory Analyst, Ext. 242.



National Wholesale Druggists' Association

PO Box 2219. Reston. VA 22090 - 703/787-0000

Vol. 13 No. 6

June 1993

DEA Now Registers MLPs

Changes Could Pose New Burdens For Pharmacists, Wholesalers

The Drug Enforcement Administration (DEA)

published a final rule in the June 4 Federal Register establishing a new category of DEA registrants.

Under the new rule, which goes into effect on July 1, 1993, mid-level practitioners (MLPs) will obtain and use their own DEA numbers in dispensing controlled substances, subject to restrictions imposed by their state of practice.

The final rule defines an MLP as "an individual practitioner...other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice." DEA considers "dispensing" to include administering, prescribing and directly dispensing—delivering to the ultimate user—controlled substances. Examples of MLPs include nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants.

Until now, MLPs have used the DEA number of their supervising practitioner or institution, again subject to state requirements. The new MLP registration numbers will begin with the letter "M" rather 'an the letters "A" or "B," currently used for tradiconal practitioners, so they can be identified as a separate registration category.

Although MLPs now will be registered with DEA, their authority to dispense controlled substances is granted by the state in which they practice and varies widely. In the final rule, DEA acknowledges that verifying MLP dispensing authority will pose difficulties, but notes that it will be the responsibility of pharmacists, wholesalers and other parties in the distribution chain to contact the appropriate state officials to verify the degree of dispensing authority an MLP has been granted.

The burden of this verification is expected to fall primarily on pharmacists, who most commonly will receive orders for controlled substances in the form of individual prescriptions from MLP prescribers. However, drug wholesalers also can expect to handle orders for controlled substances bearing the M-designated DEA number. The unique number format should alert wholesalers to the fact that an MLP customer may or may not be authorized to order controlled substances in a given state. Since this authority varies so widely, wholesalers need to be familiar with the restrictions imposed by each state it services.

NWDA currently is compiling information on the states' laws governing MLPs, and will distribute this information to members as soon as it is complete.

MID-LEVEL PRACTITIONER (MLP) PRESCRIBING AUTHORITY BY STATE

ATTACHMENT B

This table provides information on state prescribing authority for a limited number of mid-level practitioners (MLPs). Please note that for the purposes of this chart, the term "other nurses" includes clinical nurse specialists, nurse practitioners and various nurse practitioner specialists. The codes used to describe the authority granted in each state are as follows:

- 1 Independent prescribing authority: The MLP has independent authority to order or prescribe controlled and non-controlled substances.
- 2 Dependent prescribing authority: The MLP may order or prescribe certain controlled substances under the supervision of a physician. See the notes that accompany this table for specific requirements by state.
- 3 Limited prescribing authority: The MLP's prescribing authority is limited to certain types of drugs. See the notes that accompany this table for specific restrictions by state.
- 4 The MLP may not order or prescribe controlled and non-controlled substances.

٠.٠

"vary" - Prescribing authority varies among different types of nurses. Contact the state for more information.

STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Alabama	4	4	4	4	4
Alaska	4	2	1	2	4
Arizona	. 1	2	1,2	4	1
Arkansas	1	4	4	4	1
California	4	4	3	vary	4
Colorado	4	2	2	vary	4
Connecticut	4	4	2	vary	4

STATE	DOCTOR OF	PHYSICIAN ASST	ADVANCED	ОТНЕЯ	OPTOMETRISTS
	НОМЕОРАТНУ		REGISTERED NURSE PRACTITIONERS	NURSES	
Delaware	+	4	4	4	4
District of Columbia	4	2	2	2	-
Florida	*	4 (see notes)	2	4	
Georgia	4	4	4 (see notes)	4	-
Hawaii	4	4	4	4	4
Idaho	4	2	1	vary	1
Illinois	4	4	4	4	4
Indiana	4	4	4	4.	
lowa	4	2	3	4	-
Kansas	4	2	2	4	-
Kentucky	4	4	4	4	3,4
Louislana	4	4	4	4	4
Maine	+	2	2	vary	4
Maryland	4	4	2	vary	4
Massachusetts	4	2	4	vary	4
Michigan	4	2	2	23	4
Minnesota	*	2	2	vary	4
Mississippi	4	4	2	veiy	4
Missour	4		4	4	-
		1			

Ď C C	
	CAHSV
01384208	SVVE 019345

STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Montana	4	3	1	vary	1
Nebraska	4	2	2	2	1
Nevada	1	2	2	4	4
New Hampshire	4	2	1	vary	4
New Jersey	4	4	4	vary	3
New Mexico	4	2	2	vary	1
New York	4	2	1	vary	4
North Carolina	4	2	2	vary	1
North Dakota	4	2	2	2	1
Ohio	4	4	4	vary	1
Okiahoma .	4	4	4	4.	3
Oregon	4	2	1	vary	1
Pennsylvania	4	4	4	4	4
Puerto Rico	4	4	4	4	4
Rhode Island	4	2	3	vary	1,4
South Carolina	4	2 (see notes)	2	vary	4
South Dakota	4	2	2	4	1
Tennessee	4	4	2	vary	1
Texas '	4	2	2	vary	1

STATE	ростоя ОF НОМЕОРАТНУ	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER Nurses	OPTOMETRISTS
Utah	4	2	2	vary	2
Vermont	4	2	1	vary	4
Virginia	4	4 (see notes)	2	vary	1,4
Washington	*	2	1	1	. +
West Virginia	4	2	3	4	+
Wisconsin	4	2	4	4	4
Wyoming	+	2	1,2 (see notes)	4	4

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019346

ATTACHMENT C NOTES ON DEPENDENT AND LIMITED PRESCRIBING AUTHORITY BY STATE

AK - Physician Assistants: PAs may prescribe Schedules III-V controlled substances.

Nurses: Advanced registered nurse practitioners (ARNPs) have independent prescribing authority. The Board of Nurses may limit the types of drugs that they can prescribe in accordance with their education and experience.

AZ - Physician Assistants: PAs may prescribe Schedules II-III in a limited 48-hour supply, and Schedules IV-V in a 34-day supply. All prescriptions must contain the name of the supervising physician.

Nurses: Nurse practitioners (NPs) have full prescriptive and dispensing authority upon application and fulfillment of criteria established by the Board of Nursing. NPs may prescribe Schedule II and III drugs (limited to a 48-hour supply per patient) and Schedule IV and V (a one-month supply with no refills per patient). Other drugs may be refilled five times or up to one year.

- CA Nurses: NPs who have satisfactorily completed at least six months of MD-supervised experience in furnishing drugs or devices, who have satisfactorily completed a course in pharmacology and who have been issued a furnishing number by the Board of Nursing may furnish certain drugs or devices incidental to the provision of family planning services.
- CO Physician Assistants: Physicians may delegate limited prescribing authority to certified PAs. PAs may issue prescriptions for non-controlled substances only.

Nurses: NPs may write prescriptions for select drugs pursuant to an established protocol.

- CT Nurses: Nurse practitioners, clinical specialists, nurse midwives and nurse anesthetists may apply for prescriptive practice privileges. ARNPs must apply for licensure in order to prescribe. Dispensing privileges are also granted to ARNPs functioning in public clinics.
- DC Physician Assistants: PAs may sign prescriptions for non-controlled substances on Px pads that contain the name of the supervising physician and PA.

Nurses: DC provides dependent prescriptive authority for NPs, nurse midwives and nurse anesthetists for Class II-V drugs according to existing federal laws.

FL - Physician Assistants: Legislation passed in 1992 grants PAs dependent authority to prescribe drugs according to a formulary. Although the legislation has been passed, the mechanisms for implementing the legislation will not be fully in place until early fall.

Nurses: NPs have dependent prescriptive privileges for non-controlled substances.

GA - Nurses: Although nurses have no prescribing authority, a 1989 law states that through a protocol a physician may delegate to a nurse in advanced practice the authority to order controlled substances and dangerous drugs.

ID - Physician Assistants: PAs may write prescriptions as agents of their supervising physicians by applying to the board for prescription-writing authority. The board-approved formulary is limited to 24 categories of legend drugs (antibiotics, non-narcotic analgesics, contraceptives, topical and local anesthetics, etc.).

Nurses: Prescribing is allowable for approved NPs based upon a formulary in the rules; NPs may not prescribe controlled substances.

Physician Assistants: Physicians may delegate the function of prescribing drugs, controlled substances, and medical devices to a licensed PA. PAs may prescribe Schedules II-V controlled substances, except Schedule II stimulants and other depressants. PAs may order Schedule II stimulants and depressants with the prior approval and direction of a physician, and may request, receive and supply sample drugs and medical devices.

Nurses: Nurses may write prescriptions for non-controlled substances under an established protocol.

KS - Physician Assistants: PAs may issue prescription orders orally by telephone for Schedule II controlled substances in an emergency. The supervising physician must provide a written prescription within 72 hours. PAs may orally by telephone transmit prescription orders for Schedules III, IV and V controlled substances, as well as non-controlled substances, which may also be prescribed in writing.

Nurses: NPs may prescribe under jointly adopted protocols between the nurse and physician.

ME - Physician Assistants: Physicians may authorize PAs to prescribe or dispense controlled substances. Authorized PAs may issue prescriptions for categories of drugs on the board-approved formulary, which excludes Schedule II controlled substances. All parenterals except insulin are excluded unless prescribed for administration within a hospital, clinic, physician's office or nursing home. The amount of scheduled drugs that may be prescribed may be no more than 100 dose units or a 90-day supply, whichever is less.

Nurses: Prescriptive authority is approved by the Board of Medicine. Limits in prescribing formulary by exclusion (i.e., narcotics).

- MD Nurses: NPs prescribe medications as agreed upon in writing with physicians.
- MA Physician Assistants: PAs may write prescriptions for legend drugs and controlled substances (Schedules II-V). Prescriptions and medication orders must be issued in accordance with guidelines developed by each PA and supervising physician.
- MI Physician Assistants: Physicians may delegate to PAs the prescription of drugs other than controlled substances. The supervising physician's name must be indicated in connection with each individual prescription.

Nurses: Physicians may delegate the prescribing of drugs to RNs, excluding controlled substances.

- MN Physician Assistants: Physicians may delegate to PAs the authority to prescribe and administer legend drugs and medical devices that are appropriate to the practice. This delegation must be approved by the board. Physician and PA must have an internal protocol that lists the drugs and medical devices the PA may prescribe or administer.
 - Nurses: NPs have prescriptive authority when delegated to do so under a written agreement with a physician. Nurse midwives also have authority to prescribe.
- MS Nurses: NPs have statutory prescriptive authority granted by the Board of Nursing. This authority is based on the accepted protocol, which lists the treatments and medications the NP expects to prescribe in his or her practice. NPs are not allowed to prescribe controlled substances.
- MO Physician Assistants: The regulations do not impose restrictions on the types of drugs that PAs can prescribe. This is left to the discretion of the supervising physician.
- MT Physician Assistants: PAs may prescribe, dispense and administer drugs to the extent authorized by the rules of the medical board and/or the physician's utilization plan. Authority granted to the PA may include Schedule III, IV and V controlled substances, and Schedule II with a 48-hour limit. The medical board does not permit PAs to prescribe thrombolytics.
- NE Physician Assistants: PAs can only prescribe medications as an agent of a supervising physician. The PA may prescribe medications in the name of the supervising physician if the authority has been assigned by the physician (Schedule II controlled substances used for pain control are limited to a 72-hour supply). Prescription label must bear the name of both the PA and the supervising provision.
 - Nurses: ARNPs have dependent authority based on a practice agreement with their supervising physician.
- NV Physician Assistants: PAs may prescribe poisons, dangerous drugs or devices, but not controlled substances. PAs must be registered with the Board of Pharmacy.
 - Nurses: ARNPs may prescribe if certified by the Board of Nursing.
- NH Physician Assistants: Prescriptions transmitted by PAs must be based on patient-specific orders from the supervising physician or on written protocols. All Rx for controlled substances must contain the supervising physician's DEA number with the PA's state license number as a three-digit suffix.
- NM Physician Assistants: PAs may prescribe, administer and distribute dangerous drugs other than controlled substances provided it is done under physician supervision and within medical board-approved guidelines and formulary. The formulary lists 70 types of drugs PAs may prescribe.

Nurses: NPs have prescriptive privileges with their own signature in accordance to written protocols with physician supervision.